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ABSTRACT

This document uses data from 112 communities that have surveyed 9th- through 12th-grade students with "Search Institute Profiles of Student Life: Attitudes & Behaviors" to examine the way youth experience their community's strengths and how these factors contribute to youth development. A section on study highlights identifies six key findings: (1) communities vary considerably in their success in protecting youth from at-risk behavior and in providing a nurturing, healthy environment; (2) community-level institutions are the source of the most powerful strengths in promoting community health; (3) a healthy community not only benefits youth who already have many assets in their favor, but is particularly powerful in protecting vulnerable youth who have fewer personal assets in their lives; (4) while caring and supportive families make a major difference in the lives of their own youth, family factors do not differ very much between the healthiest and lest healthy communities; (5) only when most youth in a community experience a strength does it become a powerful predictor of the community's health; and (6) while individual community strengths may not have a dramatic impact, they become powerful when drawn together. Chapter 1 provides a wide-angle perspective on youth development. Chapter 2 examines the challenge of measuring community health. Chapter 3 identifies community strengths and community health. Chapter 4 looks at the community impact on vulnerable, average, and high-asset youth. Chapter 5 suggests strategies for change. (NB)

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HEALTHY COMMUNITIES, HEALTHY YOUTH

How Communities Contribute to Positive Youth Development

By Dr. Dale A. Blyth
with Eugene C. Roehlkepartain

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How Communities Contribute to Positive Youth Development

Dale A. Blyth, Ph.D.
with Eugene C. Roehlkepartain

1993

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This report builds on an earlier Search Institute report titled *The Troubled Journey: A Portrait of 6th-12th Grade Youth*, by Dr. Peter L. Benson. Research for this report was supported by RespecTeen, a program of Lutheran Brotherhood, a fraternal benefit society. RespecTeen is a nationwide effort aimed at helping parents, adolescents, schools, youth-serving agencies, congregations, and communities work together in promoting positive youth development.

Healthy Communities, Healthy Youth:
How Communities Contribute to Positive Youth Development

By Dale A. Blyth, Ph.D.
with Eugene C. Roehlkepartain

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STUDY HIGHLIGHTS

Recent reports on children and youth resound with all-too-familiar litanies about the problems young people face. It's becoming increasingly clear that no segment of society can single-handedly turn the situation around. No one alone is in a position to address the needs or create the kind of support, values, and competencies young people need to grow up healthy.

Rather than simply zooming in on single segments of society, it's time to pull back to a wide-angle view and examine how whole communities have an impact on youth, both positively and negatively. Placing young people in a larger context helps to shift the focus from trouble-making youth to failing communities—from blaming the victims to building supportive environments where young people can thrive.

Healthy Communities, Healthy Youth breaks new ground in our understanding of the impact of communities. Using data from 112 communities that have surveyed 9th-12th grade students with *Search Institute Profiles of Student Life: Attitudes & Behaviors*, this report examines the way youth experience their community's strengths and how these factors contribute to youth development.

Placing young people in a larger context helps to shift the focus from . . . blaming the victims to building supportive environments where youth can thrive.

Among the key findings:

- Communities vary considerably in their success in protecting youth from at-risk behavior and in providing a nurturing, healthy environment. While one community has only 9 percent of its youth at high risk, another community has five times as many high-risk youth, with 46 percent of its youth engaged in four or more at-risk behaviors.
- Community-level institutions are the source of the most powerful strengths in promoting community health. Schools, churches and synagogues, youth organizations, and the general support of structured activities are clearly influential in shaping a healthy community for youth.
- A healthy community not only benefits youth who already have many assets in their favor, but is particularly powerful in protecting vulnerable youth who have fewer personal assets (such as strong families) in their lives. Healthy communities help youth make the most out of their personal assets.
- While caring and supportive families make a major difference in the lives of their own youth, family factors do not differ very much between the healthiest and least healthy communities.
- Only when most youth in a community experience a strength does it become a powerful predictor of the community's health. Such effects are sometimes called "threshold effects": Like a seesaw, the balance only shifts when enough weight is placed on one side to offset the other.

- While individual community strengths may not have a dramatic impact, they become powerful when drawn together. Even more important, communities don't have to do everything at once to improve health. Adding community strengths one by one can create a gradual decline in at-risk behaviors.

Every institution in our society can—and must—play a role in creating a positive environment for young people. Such an environment not only helps youth, but it makes the community a better place to live for all ages. Because each institution has unique access to different types of youth and unique benefits to offer, institutions within communities need to pool their resources in order to cooperate and better coordinate their efforts for the sake of youth. The report ends with suggested strategies that each sector in a town or city can undertake to create a healthier community for youth.

CHAPTER ONE

Community: A Wide-Angle Perspective on Youth Development

Recent reports on children and youth resound with all-too-familiar litanies about the problems young people face. Different reports focus on different institutions, blaming one or another for the problems. Some point to family breakdown as the culprit. Others blame schools for failing to adequately educate future generations. Others argue that government has ignored the young, leaving one out of every four U.S. children in poverty.[1] Still others attack the media for promoting negative values and norms.

As this sparring continues, more and more people realize that endlessly blaming single institutions or trends does little positive for children and youth. The problems continue unabated, and every institution—from families to schools to health care to youth-serving organizations—is struggling just to keep up, much less reverse the trends.

No one alone is in a position to address the needs or create the kind of support, values, and competencies young people need to grow up healthy.

It's becoming increasingly clear that, just as every institution may be in some way responsible for our current situation, no segment of society can single-handedly turn it around. No one alone is in a position to address the needs or create the kind of support, values, and competencies young people need to grow up healthy.

Rather than simply zooming in on single segments of society, it's time to pull back to a wide-angle view and examine how whole communities have an impact on youth, both positively and negatively. This community-based perspective allows us to see how families, schools, peers, media, businesses, religious organizations, and other forces all influence the lives of young people. Not only does this broad perspective remind us that everyone in a community has a role to play in helping young people grow up healthy, but it also challenges us to work together to address common concerns, share resources, and learn from each other to re-create communities that support and care for the young.

This call to cooperation is not just for the sake of the young, but also for the good of the community and the nation. In *Building Community*, John W. Gardner lists ten essential ingredients to rebuilding community life and values. Along with "a reasonable base of shared values" and "caring, trust, and teamwork," he highlights the "development of young people" as a key ingredient in building healthy communities.[2]

Communities cannot survive long if they fail to nurture their young. And, conversely, young people will all too often fail without the broad support of their community. As the National Commission on Children notes, "Rebuilding a sense of community and reinvigorating informal systems of support for families and children should be a primary goal of social policies."[3] Placing young people in

a larger context helps to shift the focus from trouble-making youth to failing communities—from blaming the victims to building supportive environments where young people can thrive.

An earlier Search Institute report titled *The Troubled Journey: A Portrait of 6th-12th Grade Youth* began this broadening process.[4] Instead of narrowly focusing on individual problems among youth, *The Troubled Journey* examined whether youth have in their lives the developmental assets they need to grow up healthy. One of the disturbing conclusions was that only one out of every ten young people met a set of criteria for optimal, healthy development. Furthermore, the trends from 6th to 12th grade all go in the wrong direction: By high school graduation, young people experience fewer assets, more deficits, and increased at-risk behaviors.

For meaningful change to occur, multiple, interconnected forces of the community must begin to share a common vision and agenda for youth.

Healthy Communities, Healthy Youth broadens the perspective further by examining how different communities facilitate or hinder young people's development. Several factors indicate that the community focus is particularly appropriate when addressing concerns about children and youth:

- Community contexts have more impact on people with restricted mobility such as the ill, the elderly, and children and youth. They must "make do" with their immediate communities, whether or not those communities are healthy.
- As children grow, their sense of their community or neighborhood expands. It may begin, for example, with their immediate block, expand to the larger elementary school area, and, eventually, the larger high school and broader community or region. By adolescence, young people have contact with many segments of a community—peers, schools, religious organizations, businesses—that potentially influence young people's choices and development. Thus, understanding that impact becomes imperative to understanding how young people make choices.
- Because many attempts to change families, schools, and other institutions have operated in isolation, they have had only limited success. For meaningful change to occur, multiple, interconnected forces of the community must begin to share a common vision and agenda for youth. The better a community structures its environment, institutions, and resources to deliver consistent and positive messages to youth, the more effective it will be.
- Finally, the narrow focusing on scapegoats for "youth problems" has not led to a productive search for solutions. Once we understand that everyone has an impact on and can contribute to the solutions, we can all stop washing our hands of the problems and instead plunge them into the challenging, creative work of participating in solutions.

Healthy Communities, Healthy Youth seeks to break new ground in our understanding of the impact of communities on youth by examining differences among 112 small communities and their success in helping youth grow up healthy and avoid at-risk behaviors. The findings both emphasize that communities can and do make a difference, and also give a rare opportunity to look through the wide-angle lens at realities youth face in their communities.

THE CHALLENGE OF DEFINING COMMUNITY

In undertaking the task of understanding a community's impact on youth, we must first define what we mean by "community." Numerous changes in society complicate that task. No longer can we assume that a person's community is a particular neighborhood or town or city. People move frequently; they spend time in locations that can be even a hundred miles apart during any given day or week.

Thus, location alone is not an adequate basis for thinking about communities. Joan Wynn and her colleagues suggest that, for example, communities can be defined in terms of administration, association, and place:

- **Communities of place**—Geographically bounded locations within which a group of individuals live (neighborhoods, subdivisions, or small towns).
- **Communities of administration**—Geo-political locations defined by political or administrative boundaries (municipalities, counties, or school districts, for example).
- **Communities of association**—Groups of individuals who share common goals, values, and norms of behaviors (volunteer organizations, informal friendship networks, political groups, or religious congregations).[5]

Unless many variations can be taken into account, it is difficult to isolate factors and dynamics in a community that create a healthy environment for young people.

Most often today, these different types of communities do not overlap significantly. For example, young people in a major metropolitan area may live in one suburb, go to school in another, attend religious services in the central city, participate in city-wide community organizations such as athletics, and build friendships with others on their block. As a result, it can be quite difficult to measure community impact and health. Young people who live in one place may receive services and support elsewhere. Unless all these variations can be taken into account (which would be a monumental task), it is difficult to isolate factors and dynamics in a community that create a healthy environment for young people.

To limit the number of variables involved, this study focuses on data from relatively small, isolated "place" communities (fewer than 27,000 residents). Although this focus does have limitations because it excludes medium and large cities, it also has significant advantages. For example, such communities are more self-contained so that the community of place overlaps to a large extent with the communities of association and administration. In addition, because fewer variables are involved, we can more easily make connections between community dynamics and their impact on youth. The extent to which what we have learned here may be applicable to other sizes and types of communities will be noted in later chapters.

In the remainder of this chapter, we will describe the 112 communities in our study, how they were selected, and what their high school youth are like.

COMMUNITY SELECTION

The communities in this study are a subset of the 245 schools and/or communities that conducted a systematic study of student perspectives, values, and behaviors using the *Search Institute Profiles of Student Life: Attitudes and Behaviors* survey between September 1989 and September 1991.[6] Developed, piloted, and refined over a 10-year period, the 152-item survey measures a range of perspectives, values, and behaviors among 6th-12th grade students. Almost 90,000 youth completed the surveys during the two years. Many schools and communities that undertook the *Profiles of Student Life* survey with their youth are not included in this analysis because they did not meet the set of criteria that was created to allow for meaningful comparative analysis.[7]

On average, each of the communities studied has fewer than 27,000 residents; 79 percent have fewer than 5,000 residents.

Figure 1 describes the final 112 communities studied. The vast majority (83 percent) are small and midwestern. All have fewer than 27,000 residents; in fact, 79 percent have fewer than 5,000 residents, according to 1990 U.S. Census figures. (These figures may slightly underestimate the population, since adjacent rural areas are not always part of the census data obtained.)

Figure 1 CHARACTERISTICS OF COMMUNITIES STUDIED

	Number of Communities	Percent of Total Sample
TOTAL	112	100%
REGION		
East	2	2%
Midwest	93	83%
South	10	9%
West	7	6%
COMMUNITY SIZE*		
Fewer than 1000 residents	19	17%
1,000 - 2,000 residents	31	28%
2,000 - 5,000 residents	31	28%
5,000 - 13,000 residents	19	17%
13,000 - 27,000 residents	5	4%

* Totals do not sum to 112 due to missing or questionable census data from seven communities.

COMMUNITY CHARACTERISTICS

Figure 2 describes the communities in this study based on 1990 census data where available (about 105 of the 112 communities). On average, these communities have about 4,000 residents, 98 percent of whom are Anglos. More than 80 percent of the families in these communities are intact (two married individuals), and about 13 percent are single-parent, female-headed households. Almost 80 percent of the housing units in these communities are single-family dwellings, and the overall median value of owner-occupied units is about $40,000.

While these communities are similar in many ways (which affords opportunities for making meaningful comparisons among them), they also have important differences:

- Though most communities are small (again, about 4,000 residents), many are larger than 10,000, and a few are larger than 20,000.
- Though all are majority Anglo communities, a few have significant African American and Hispanic American populations (up to 13 percent and 16 percent, respectively).
- Although 83 percent of the families, on average, are intact, this figure ranges from 69 percent to 94 percent in different communities.
- Around the median value of owner-occupied houses ($40,000), homes range from $14,999 to more than $100,000.

COMMUNITIES STUDIED

Average size: 4,000 residents

Intact families: 80 percent

Median home value: $40,000

The communities studied do not represent the United States' cultural, racial/ethnic, or other diversity. By focusing on these similar, Anglo-majority communities, this report intentionally limits some of the variables and thus sheds light on broad community factors that might make a difference for youth's development. The extent to which such factors might apply to more urban and culturally and racially diverse communities will be addressed later.

At the same time, the communities selected represent an important, sizeable slice of all U.S. communities. The 1980 census indicates that 26 percent of the population lives in rural communities of fewer than 5,000, 24 percent lives in small towns with fewer than 10,000 residents, and 9 percent lives in small cities with fewer than 25,000 residents. Thus, the communities included in the study could represent about as much as 59 percent of the U.S. population. However, since other variables (such as proximity to major metropolitan areas and regions) are not controlled for, we cannot say with certainty that this study is representative of all small towns.

Figure 2 DIFFERENCES IN COMMUNITIES STUDIED

	National Average	COMMUNITIES IN THIS STUDY			
		Mean	Standard Deviation	Minimum	Maximum
POPULATION					
1990 population	—	3972	(4730)	270*	26,601
Density (people/sq. mile)	70	'90	(142)	6	779
Percent Anglo	80.3%	98.0%	(3.1)	85.7%	100.0%
Percent African American	12.1%	0.6%	(2.1)	0.0%	12.8%
Percent Hispanic American	9.0%	1.4%	(2.8)	0.0%	16.5%
Percent of residents 19 to 24 years old	9.0%	5.7%	(2.2)	0.7%	17.9%
Percent of residents over 64 years old	13.4%	19.8%	(5.8)	8.6%	33.2%
FAMILIES WITH CHILDREN					
Percent married couples	76%	82.9%	(5.3)	68.7%	94.0%
Percent female-headed	20%	13.1%	(4.7)	3.7%	27.9%
HOUSEHOLDS					
Percent of owner-occupied homes	64%	65.4%	(7.7)	34.9%	78.5%
Percent vacant homes	9%	1.1%	(2.1)	0.0%	12.4%
Percent single-family homes	66%	78.3%	(8.1)	57.0%	98.0%
Median value of owner-occupied units**	$79,100	$42,667	(17,345)	$14,999	$114,100
Median value of rent*	$374	$206	(55)	$100	$360

* For the smallest communities, population counts frequently include only people living in town, since rural figures were not always available.

** The numbers in the columns are calculations based on the median value in each community. Hence, the mean reflects the average of the median values.

SOURCE: Based on ata from the 1990 Census for definable census tracts or minor civil divisions included in the communities studied.

STUDENT CHARACTERISTICS

On average, about 300 students in each of the 112 communities participated in the study, for a total sample of 33,397 students. (See Figure 3.) The students were fairly evenly distributed among grades 9 through 12 and between males and females.

SAMPLE SIZE

33,397 students in grades 9-12 in 112 communities

Of the youth involved, 92 percent were Anglos, 3.6 percent were African Americans, and smaller percentages were Hispanic, Native, and Asian Americans. No separate results are presented by race/ethnicity for the remainder of this report. Approximately two-thirds of the students came from small midwestern towns.

The attitudes and behaviors of students in this sample are consistent with other nationally representative studies of youth. On key indicators for which representative national samples are available (e.g., alcohol use, tobacco use, sexual abuse, involvement in extracurricular activities, exposure to television), the levels that students in this study report are remarkably similar to levels reported in other studies of the general youth population.

Figure 3 CHARACTERISTICS OF STUDENT SAMPLE

	Number of Students	Percent of Total Sample
TOTAL	33,397	100%
GRADE		
9	9,128	27%
10	8,532	26%
11	8,196	24%
12	7,541	23%
GENDER*		
Female	16,574	50%
Male	16,678	50%
RACE/ETHNICITY*		
American Indian	490	1.5%
Asian or Pacific Islander	231	0.7%
Black or African American	1,195	3.6%
Hispanic American	574	1.7%
Anglo/white	30,722	92.5%
REGION		
East	737	2.2%
Midwest	21,531	65.2%
South	4,508	13.7%
West	6,228	18.9%

* Totals do not sum to 33,397 due to missing data.

CHAPTER TWO

The Challenge of Measuring Community Health

In Chapter One, we described the process of selecting communities to be part of this study. To reiterate, based on a set of several criteria, a sample of 112 relatively small communities primarily in the Midwest was selected. And, while there were some differences in income levels and family structures, we found that these communities were, in many ways, quite similar to each other in several demographic characteristics.

Given the basic similarities, one might assume that young people in these communities would be equally likely to grow up healthy. . . . Yet when we look into these communities, major differences appear.

Given the basic similarities, one might then assume that young people in these communities would be equally likely to grow up healthy. After all, the basic environment in which they live is similar in each of the different communities based on variables against which communities are commonly evaluated (for example, family structure, community size, family income).

Yet when we look into these communities, major differences appear. For example, in one community, more than 40 percent of youth engage in at-risk behaviors (including heavy substance use, sexual activity, attempted suicide, and delinquent behaviors), while in another, only 28 percent do. What makes the difference? What, if anything, happens in the second community that deters at-risk involvement? And what do these differences tell us about enhancing communities for youth?

Before we can answer these questions, we must ask what we mean by community health. Ideally, we might define a community's health in terms of a wide range of factors, such as

- community norms regarding issues such as adult alcohol use and concern about youth;
- institutional policies as reflected in a funding priority for education and youth activities, and in the presence of a functioning community coordinating committee for youth issues; and
- specific youth outcome measures, including reduction in teen pregnancy and school dropout rates, and increased involvement in community service.

Realistically, however, such comprehensiveness would be difficult, if not impossible, to compare fully among communities.

Alternatively, community health could be measured by examining the levels of youth's positive experiences in communities (as indicated by opportunities for participation, availability of activities, and accessibility to caring adults). But, once more, it would be difficult to define widely accepted strengths or combinations of strengths necessary for optimal development—particularly since our

national mindset has yet to shift from a narrow focus on specific problems to a clear focus on building developmental assets in youth.[8]

Because of these inherent realities, this study takes a pragmatic (if not ideal) approach to defining community health solely in terms of the students' at-risk behaviors. Thus, we suggest that a healthy community is simply one where the youth engage in only a small number of key at-risk behaviors. In this way, community health is assessed by using widely accepted indicators of what society hopes will *not* happen to youth.

DEFINING A COMMUNITY'S HEALTH

Beginning with *The Troubled Journey*, Search Institute proposed a set of at-risk behaviors that potentially limit psychological, physical, or economic well-being during adolescence and adulthood. These behaviors are not inherent characteristics of the youth or of this society, but are behavioral choices influenced by the people and communities that surround the youth. As such, these behaviors are the result of a process, not of fixed, unalterable traits.

To determine this community-level involvement in at-risk behaviors (as opposed to the individual youth's involvement), we calculated the proportion of 9th-12th grade youth in each community who were engaged in 16 at-risk behaviors, which fall into seven domains: tobacco, alcohol, illicit drugs, sexual activity, depression and suicide, anti-social behavior, and school problems.[9] (See Appendix A.) Then we averaged levels of at-risk involvement across these 16 types. This average gave a good indicator of overall community health based on involvement in at-risk behaviors.

In the typical community we studied, about 10 percent to 15 percent of youth are involved in each of the at-risk behaviors.

In the typical community we studied, about 10 percent to 15 percent of youth are involved in each of the at-risk behaviors. An even more important finding, though, is that the range among the communities studied varied 20 to 30 percentage points on most indicators. (For details on specific differences, see Appendix B.) This variability among communities suggests that some communities are indeed healthier than others.

Our task then, was to assess these communities along a continuum of health. For purposes of study and discussion, cut-off points were selected so that 25 percent of communities would be defined as the healthiest and 25 percent would be defined as the least healthy. The middle 50 percent would be considered average communities. Thus, the following definitions emerge:

- **Healthiest communities**—Those 28 communities in which the average youth was involved in fewer than 1.9 of the 16 at-risk behaviors.
- **Average communities**—Those 56 communities in which the average youth was involved in between 2.0 and 2.4 at-risk behaviors.
- **Least healthy communities**—Those 28 communities in which the average youth was involved in more than 2.4 of the 16 at-risk behaviors.

Figure 4 illustrates differences among the three types of communities. By definition, the least healthy communities have the lowest percentage of low-risk youth (42 percent), the highest percentage of high-risk youth (33 percent), and the highest average number of at-risk behaviors (2.7). Furthermore, these 28 communities have above-average levels on 12 of the 16 at-risk behaviors.

In contrast, the healthiest communities have more low-risk youth (62 percent), fewer high-risk youth (17 percent), and a lower average number of at-risk behaviors (1.7). It should be pointed out, however, that these 28 healthiest communities are not without high levels of two to three specific at-risk behaviors, which confirms that, even within the healthiest communities, some young people do become involved in at-risk behaviors.

Figure 4 ILLUSTRATION OF DIFFERENCES AMONG THREE COMMUNITY HEALTH TYPES

This figure illustrates differences among the three types of communities. Such differences are to be expected, since the three types were defined using the average number of at-risk behaviors per youth in each community.

At-Risk Indicators	Community Type		
	Least Healthy	Average	Healthiest
Average percent of youth at low risk levels (≤ 1 at-risk behavior)	42% (29 to 49)*	51% (32 to 58)	62% (51 to 79)
Average percent of youth at high risk levels (≥ 4 at-risk behaviors)	33% (24 to 46)	24% (13 to 33)	17% (9 to 23)
Average number of at-risk behaviors	2.7 (2.5 to 3.3)	2.2 (2.0 to 2.4)	1.7 (1.0 to 1.9)
Number of communities	28	56	28

* Numbers in parentheses indicate the lowest and highest values for the range from which the averages come.

THE ROLE OF DEMOGRAPHIC DIFFERENCES

Before exploring which community strengths may relate to community health, it is important to ask what role economic factors, family structure, and community size play in community health. As one might expect, there are some differences between the healthiest and least healthy communities in several of these areas. (See Figure 5.) In comparison to the least healthy communities, the healthiest communities, on average, tend to:

- be smaller (2,468 versus 5,224);
- have more owner-occupied and single-family housing units;
- have fewer people per square mile (40 versus 131);
- have somewhat fewer female-headed, single-parent households (10 percent versus 14 percent); and
- have lower (not higher) median value of owner-occupied homes.

These differences, though statistically significant, are not large.[10] Additional analyses suggest that a few of the larger communities are responsible for most of these demographic differences. As such, the differences do not reflect fundamental differences between the typical communities in each sample. Moreover, there were no significant differences in racial/ethnic composition between the healthiest and least healthy communities.

Even if it were feasible, altering demographic realities is not a panacea for creating healthy communities for youth.

These findings reaffirm that, even if it were feasible, altering demographic realities is not a panacea for creating healthy communities for youth. Instead, we must acknowledge that other factors also play important roles. Identifying and building those factors represent the opportunity—and the challenge—of creating a healthy community. These issues become the focus of Chapter 3, where we examine community strengths that nurture youth development.

Figure 5 DIFFERENCES AMONG COMMUNITY TYPES BASED ON 1990 CENSUS

	Least Healthy Communities	Moderately Healthy Communities	Healthiest Communities
Mean 1990 population*	5,224	4,179	2,468
Mean percent white	97%	98%	99%
Mean percent African American	1%	1%	0%
Mean percent Hispanic	3%	1%	0%
Mean percent owner-occupied homes*	64%	65%	68%
Mean percent single-family homes*	77%	77%	82%
Mean median value of owner-occupied*	$48,017	$43,808	$35,771
Mean percent female-headed households*	14%	14%	10%
Mean density (people/square mile)*	131	98	40
Number of communities**	25	52	28

* The differences between the healthiest and least healthy communities are all statistically significant.

** Census data were not codeable from three of the least healthy communities and four of the moderately healthy communities.

CHAPTER THREE

Community Strengths and Community Health

The Troubled Journey and other research clearly demonstrate that various assets can help to protect individuals from at-risk behaviors. However, we lack a clear understanding of what factors differentiate communities where more youth are doing well from those where they tend to make poor choices. In a time of diminishing resources and increasing calls for communities to become the "front line in the battle for adolescent health,"[11] it becomes imperative that we understand factors in community life that actually make a difference. Those factors can then translate into primary strategies for action.

One can begin searching for key community strengths in many useful ways. Joan Wynn and her colleagues at the University of Chicago propose a framework for understanding the importance of community for youth. They evaluate community life based on four key elements:

- the opportunities for youth to participate in community life;
- the avenues provided for youth to contribute to the welfare of others;
- the availability of opportunities to connect with peers and adults in the community; and
- adequate access to community facilities and events.

We propose a vision for healthy communities in which all young people are surrounded with multiple influences that give consistent messages of love, support, control, and positive values.

They are now using this framework to examine how naturally occurring "primary services" within different neighborhoods in Chicago can deliver these four factors to youth. They suggest that these primary services are as important in supporting youth as are the "specialized services" that we so often associate with helping urban families (e.g., welfare, foster care, etc.).

This report touches on all these areas through a slightly different (though complementary) vision. We propose a vision for healthy communities in which all young people are surrounded with multiple influences that give consistent messages of love, support, control, and positive values. In such communities, young people have access to positive role models, and they have opportunities to contribute to others and to make a difference in the world. In this vision, young people . . .

- are in caring, supportive families;
- attend schools with climates that nurture and challenge them as whole persons;
- are involved in positive, rewarding activities in the community; and
- are surrounded by peers who model responsible behavior and values.

Thus this report examines community strength in terms of the proportion of youth who report

experiencing the specific types of support or activities cited in Figure 6.[12] Briefly, each potential strength is measured as follows:

- **Family**—The family dimensions include both the percentage of youth who experience caring and supportive relations with their parents and the percentage of youth who say that their parents monitor activities, express concern or disagreement with negative behaviors, and provide discipline. Since each of these factors has been found to be important in creating healthy families for adolescents, we would expect the presence of healthy families to strengthen the community as well.

Connections to important institutions within a community should indicate the extent to which the community supports youth.

- **School**—The three school indicators measure the extent to which youth experience a caring and supportive school environment, the proportion of youth who try and care about doing well in school, and the level of family involvement in school work and activities. While this last measure could indicate family strength, we chose to use it as a measure of the extent to which the community supports the school.

- **Community involvement**—The community involvement dimensions include both student attendance in religious services and involvement in structured activities at school and in other community organizations (scouts, sports). In addition, it includes a measure of whether youth have relationships with a non-parent adult with whom they can have serious conversations. Connections to these important parts of a community should indicate the extent to which the community supports youth.

- **Peer**—The five peer measures explore the peer environments youth might experience, not the behavior of their close friends or classmates. In some cases, the measures are behaviors (skipping school or attending drinking parties). In other cases, they are belief in values (prosocial values or the avoidance of overly hedonistic values).

Figure 6 COMMUNITY STRENGTHS THAT YOUTH EXPERIENCE

Institution	Indicator	Definition*—Youth report that . . .
FAMILY	Care and support	they have a positive and supportive family life with good communications and relationships with parent(s).
	Monitoring and discipline	their parents monitor activities, express concern or disapproval, and discipline for misconduct.
SCHOOL	Caring and supportive school environment	teachers care about and encourage them.
	Motivated and committed students	they try hard at school, care about and do school work, and aspire to post-secondary education.
	Involved parents	they receive strong support from and involvement by parents in school-related activities.
COMMUNITY INVOLVEMENT	Attendance in religious services	they attend church or synagogue services with some regularity.
	Structured activities	they are involved in some structured activity in school, religious or other community-based organization at least two hours per week.
	Connections to other adults	they have non-parental adults they can go to on important issues or they have had serious conversations with a non-parent adult in past month.
PEER	Absence of negative behavior among peers	friends do not skip school, drink frequently, use other drugs, or attend drinking parties.
	Avoidance of overly hedonistic values	it is not important to them to "have lots of money," have "lots of fun and good times," or be "popular and well-liked."
	Presence of prosocial behavior	they spend time as volunteers helping others.
	Endorsement of prosocial values	it is important to "help other people," "reduce hunger and poverty," and "make the world a better place to live."
	Presence of responsible behavior/values	they value sexual restraint or use contraception, do not drink and drive, or do not ride with drivers who drink.

* For details on the items in these definitions, see Appendix C.

OVERALL COMMUNITY STRENGTHS

Figure 7 shows the percentages of 9th-12th graders—on average across all communities—who experience each indicator of community strength. It also shows the range between the lowest and highest levels of each strength in a single community. Among the highlights:

- **Family**—In the typical community in this study, 36 percent of the youth see their parents as caring and supportive, and 39 percent report that their parents monitor and discipline them. Family care and support varies from a low of 18 percent of the youth in one community to more than half (54 percent) in another. Parental monitoring varies to almost exactly the same extent.

- **School**—The average level of these indicators varies greatly. In the typical community, only 26 percent of youth report family involvement in school, and this varies from 11 percent in one community to 43 percent in another community. The proportion of youth who perceived the school to be a caring and supportive environment is higher (47 percent in the typical community) and ranges from 22 percent to 68 percent. Six out of ten students in the typical community are motivated and committed. The percentage of motivated and committed students ranges from a low of 42 percent in one community to 79 percent in another.

In the typical community, only four of the 13 community strengths were experienced by a majority of youth.

- **Community involvement**—In the typical community, 47 percent of youth participate in some form of structured activity in school, religious institutions, or other organizations (e.g., 4-H, scouts). Yet considerable variability surfaces here, from only 23 percent involved in the lowest community to 79 percent involved in the highest. Even greater variability is seen in the proportion of youth who attend religious services: In the typical community, it is 60 percent, but it varies overall from 26 percent to 91 percent. As for adult relationships, one in every three youth in a typical community has a non-parental adult with whom to talk. This percentage ranges from a low of 18 percent in one community to more than 50 percent in another.

- **Peer**—Perhaps the most disappointing results are that in no community are more than 28 percent of youth involved in even minimal levels of prosocial behavior (the typical community has only 16 percent of youth thus involved). Furthermore, a maximum of only 36 percent of youth in any single community report socially responsible behavior with respect to drinking and driving, riding with someone who has been drinking, valuing sexual restraint, or using contraception if sexually active. The avoidance of overly hedonistic values ranges from 33 percent of youth in one community to more than 82 percent in another community.

When we look at the 13 strengths together, we find that few are reported as the norm. In fact, in the typical community, only four of the strengths were experienced by a majority of youth; two more of them were experienced by 47 percent of youth. If these strengths do, indeed, contribute to community health by reducing at-risk behaviors, it becomes critical for communities to concentrate on building them.

Figure 7 LEVELS OF 13 COMMUNITY STRENGTHS

Community Strength Indicators	PERCENT OF YOUTH WHO EXPERIENCE THE STRENGTH IN THEIR COMMUNITY Average Level Across Communities	Lowest Level in a Community	Highest Level in a Community
FAMILY STRENGTHS			
Care and support	36%	18%	54%
Monitoring and discipline	39%	21%	54%
SCHOOL STRENGTHS			
Caring and supportive environment	47%	22%	68%
Motivated and committed students	60%	42%	79%
Involved parents	26%	11%	43%
COMMUNITY-INVOLVEMENT STRENGTHS			
Attendance in religious services	60%	26%	91%
Structured activities	47%	23%	79%
Connections to other adults	33%	18%	52%
PEER STRENGTHS			
Absence of negative behavior	66%	48%	84%
Avoidance of hedonistic values	52%	33%	82%
Presence of prosocial behavior	16%	4%	28%
Endorsement of prosocial values	38%	19%	62%
Presence of responsible behavior/values	22%	5%	36%

NOTE: The different measures of community strength are often related to each other (see Appendix D).

COMMUNITY STRENGTHS IN DIFFERENT TYPES OF COMMUNITIES

The analysis of community strengths in different communities shows dramatic differences in their levels. It is clear that youth in some communities are much more likely to be influenced by positive forces in a community than are youth in others—even within the subset of the seemingly similar small and rural communities being studied here.

Which strengths best predict whether a community will be healthy?

The question becomes, then, whether these differences in strengths help to explain the differences in community health as defined in Chapter 2. Do the healthiest communities have, on average, more strengths in place for youth than do the least healthy communities? Or do at-risk behaviors depend entirely on individual factors in youth and their families so that there is no clear relationship between community strengths and community health?

Assuming that we do discover meaningful relationships between community health and community strengths, an even more important question emerges: Which strengths best predict whether a community will be healthy? If these factors can be isolated, policy makers, leaders, and planners can make more informed decisions about funding, staffing, and program priorities aimed at improving the well-being of young people within communities. We turn our attention, then, to exploring the relationship between community health and each community strength.

NOTE: In the figures that follow, the height of the column indicates the strength of the community indicators. The shading indicates the level of community health (black=healthiest communities; gray=average communities; white=least healthy communities). The letters in the column indicate whether differences between columns are statistically significant. If columns in the same group have different letters, the differences are statistically significant; if columns have the same letters, the differences are not statistically significant.

FAMILY-RELATED COMMUNITY STRENGTHS

The impact of families on children is clear. Study after study has confirmed the common sense belief that one's own family has a powerful impact on well-being, achievement, health, values, and future. When families function well as caring, supportive, and guiding influences, many other issues take care of themselves.

Yet, when we look at family strengths across communities, we find only minimal differences between the healthiest and the least healthy communities. As shown in Figure 8, youth in the least healthy communities experience slightly lower levels of family care and support (34 percent, on average), but those in average and healthiest communities are not significantly different from each other (37 and 38 percent, respectively). Parental monitoring follows a similar pattern, but no differences are large enough to be statistically significant.

Care and support within the family do not necessarily spill over the family's borders.

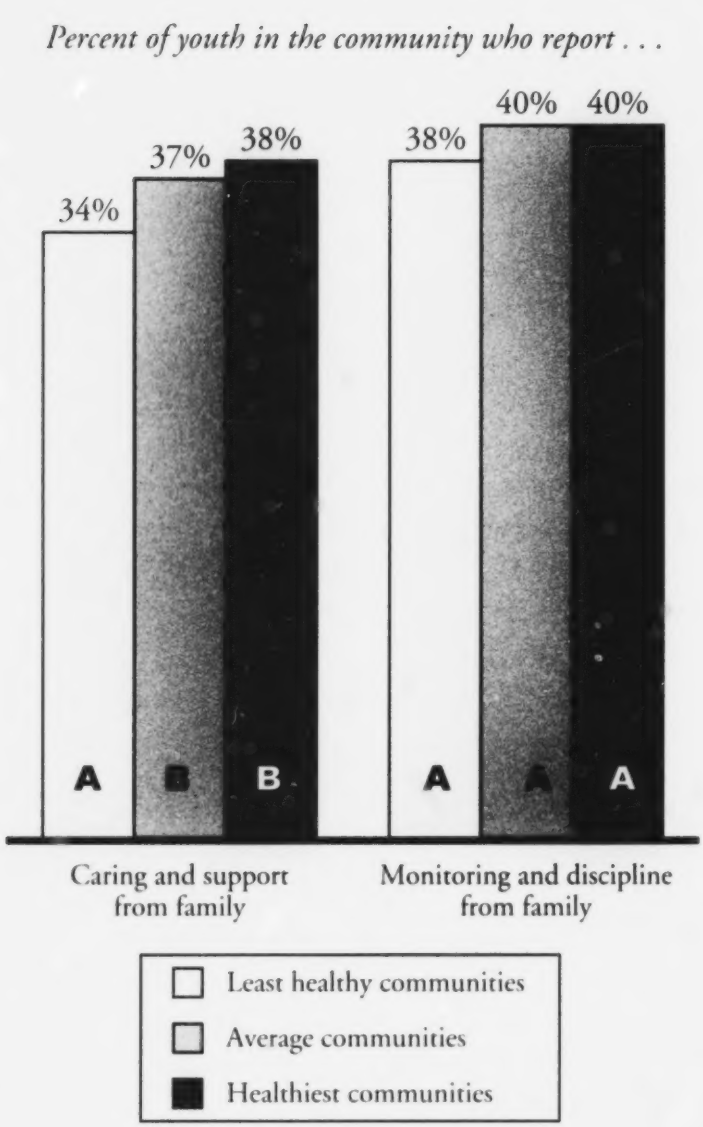
Thus, family strengths appear to have little impact on community health. Can this be true, given what we already know about the importance of families? Yes. Despite the initial shock, this finding makes sense. Care and support within the family do not necessarily spill over the family's borders. It is true that when youth have strong families in place, they themselves are much more likely to avoid at-risk behaviors—no matter what kind of community in which they live. But only when a family's care and support reaches beyond its own children and into efforts to make the community a better place for all children could one expect to see a big impact on community-wide health from strengths of its individual families.

This study does not include adequate measures for assessing the dimensions of parents' reaching out to other young people in the community. One measure of school strength (parental involvement in school) could be interpreted as an indicator that parents are supporting community institutions in ways that help all youth. However, as we will see in Figure 9, only a small minority of parents are involved—giving additional credence to our hypothesis that strong families are not necessarily major contributors to community strength.

Another reason why family strength may not show up as a major contributor to community health is that few communities have a majority of strong families as perceived by youth. This might suggest that we cannot see the potential impact of strong families on whole communities simply because no communities are dominated by strong families. In no community did more than 54 percent of young people see their parents as caring and supportive.[13]

Perhaps only when community norms encourage all families to be caring and supportive of their teenagers will real differences appear. Such norms are often more common in elementary and middle school-age youth, but parents too often confuse teenagers' natural need for independence with a belief that the teenagers don't need their support and care anymore. Educating parents combined with providing more opportunities for parents and teenagers to be together and listen to each other (in schools, religious congregations, community organizations) may be important steps toward rebuilding family strengths to levels where they can truly have an impact on community health.

Figure 8 FAMILY-RELATED COMMUNITY STRENGTHS



Note: The letters in the column indicate whether differences among columns are statistically significant. If columns in the same group have different letters, the differences are statistically significant; if columns have the same letters, the differences are not statistically significant.

SCHOOL-RELATED COMMUNITY STRENGTHS

We begin to see the impact of community strengths on community health when we examine school strengths in different communities. A caring and supportive school climate, and a student body that is motivated and committed both have a positive impact on overall community health.

Only when a majority of youth are motivated and committed or experience the school environment as caring and supportive does the community's overall health improve.

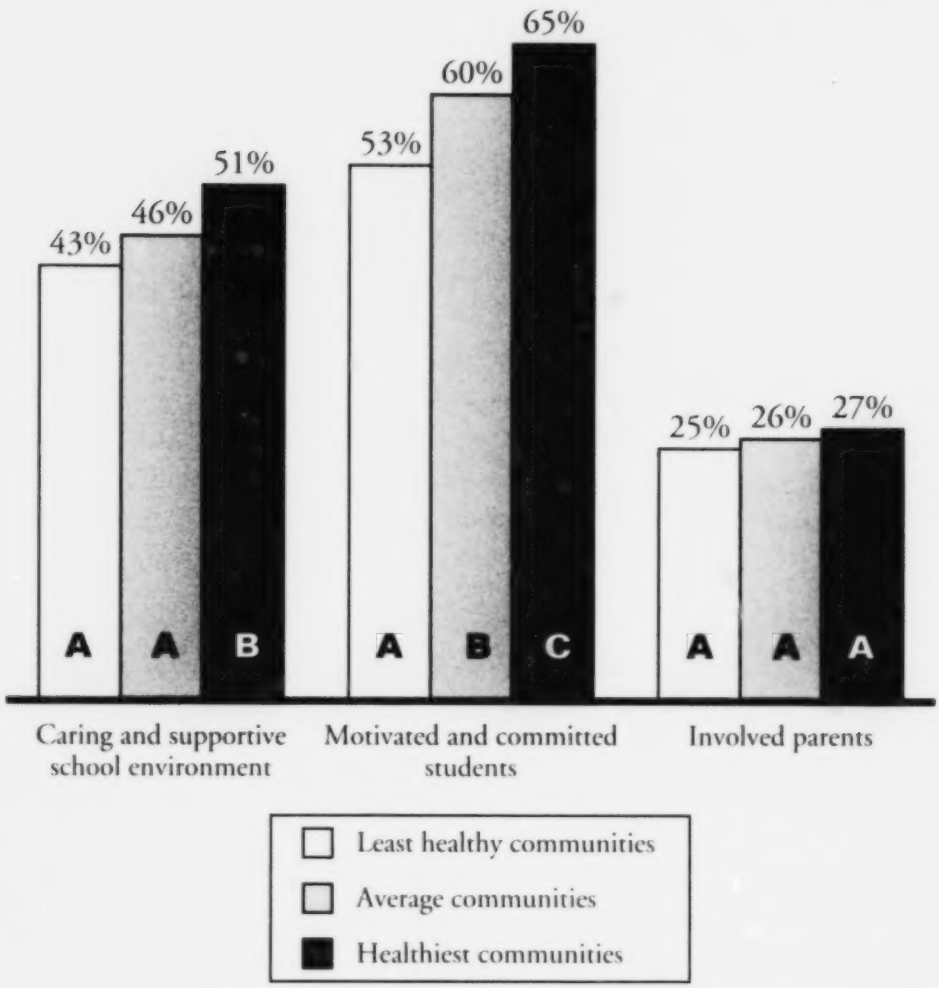
In the healthiest communities, almost two out of three students is motivated (65 percent), compared to only one out of two (53 percent) in the least healthy communities. Similarly, the proportion of youth who see their school environment as caring and supportive varies among all three types of communities, ranging from 43 percent in the least healthy to 51 percent in the healthiest communities. Again, as we noted earlier, levels of parent involvement in schooling do not show significant differences between the healthiest and least healthy communities.

Another important finding: Only when a majority of youth are motivated and committed or experience the school environment as caring and supportive does the community's overall health improve. Communities where a majority of youth perceive their school environment as caring and supportive are four times more likely to be among the healthiest than the least healthy communities. Conversely, seven of the ten communities studied in which there was not a majority of motivated and committed students are among the least healthy. None is among the healthiest.

Just as for the family-related strengths, the percentage of youth reporting parent involvement in schools does not differ significantly across the three types of communities. Maybe if a majority of families were indeed involved in schools, the impact of the involvement on youth's behaviors might be much stronger. What the data from these and other communities do show is that students in grades 6-8 have much higher levels of parental involvement in schools. Perhaps the emerging question for the school and the community as a whole is how to maintain such involvement during the high school years.

Figure 9 SCHOOL-RELATED COMMUNITY STRENGTHS

Percent of youth in the community who report . . .



Note: The letters in the column indicate whether differences among columns are statistically significant. If columns in the same group have different letters, the differences are statistically significant; if columns have the same letters, the differences are not statistically significant.

COMMUNITY INVOLVEMENT STRENGTHS

Of all the strengths measured in this study, levels of youth involvement in community organizations has the greatest impact on community health—particularly when a majority of youth experience this strength. Communities with a majority of youth involved in structured activities (extracurricular sports and clubs, community organizations) are five times as likely to be among the healthiest rather than among the least healthy communities. (Twenty out of 44 where a majority of youth are involved in structured activities are among the healthiest; four are among the least healthy.) Communities with a majority of youth attending religious services at least once a month are twice as likely to be among the healthiest versus the least healthy communities.

The powerful impact of involvement in religious and other structured activities underscores the value of these organizations to a community.

As Figure 10 shows, religious involvement is greatest (70 percent) in the healthiest communities and lowest (55 percent) in the least healthy communities. Similarly, a majority (55 percent) of the youth, on average, are involved in structured activities in the healthiest communities, but only 39 percent are involved in such activities in the least healthy communities. There are no significant differences in the percentages of youth connected to non-parental adults.

The lack of impact of connections with non-parental adult is, at first, surprising. Much current research validates the importance of reconnecting youth with caring adult. Here, again, the factor is crucial, but the reality of so few youth experiencing these connections in any community affects the impact in this study. Specifically, two factors may be suppressing the impact of these relationships here:

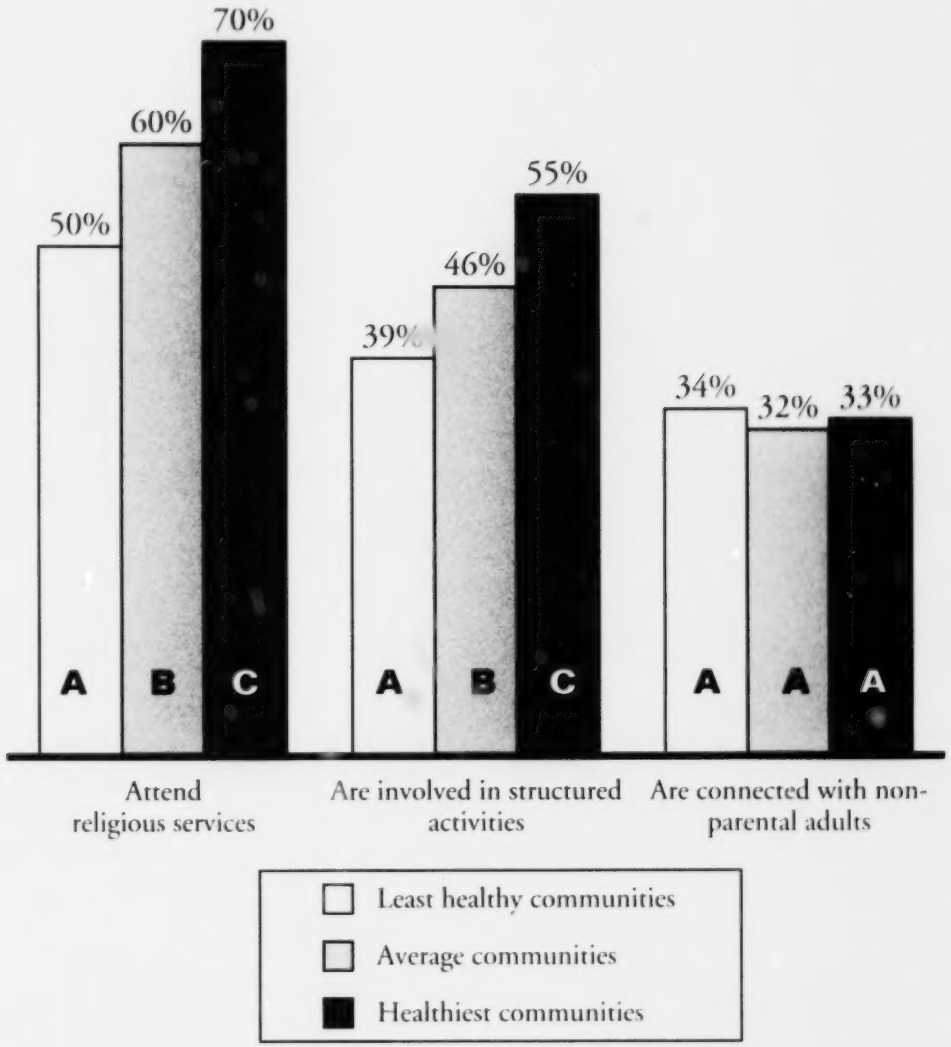
- On the average, only a third of youth in any community in our study experienced these connections. We may not see a significant impact on community health until most youth in a community do have connections with caring adults. This study does not deny the positive impact that those relationships can have on individual youth.
- Second, lack of differences may also be due to the unknown nature of the adults and the characteristics of their connections with the youth. Program planners and leaders must distinguish between adults who serve as positive role models and influencers versus adults who—intentionally or unintentionally—provide little positive and even negative influence.

The powerful impact of involvement in religious and other structured activities on community health underscores the value of these organizations to a community. These extracurricular and non-school activities are, therefore, not really "extras," but keys to keeping a young person motivated and interested in school. Success as an adult is more closely related to involvement in high school activities than to grade point average.

This message rings the alarm in a time when budgets for these programs are often cut first and when it becomes increasingly difficult to find volunteers and leaders for these efforts. The opposite should be true: If communities are concerned about meeting the developmental needs of their youth, they would do well to begin by strengthening these programs—not cutting them. It may be one of the best investments they can make in the future.

Figure 10 COMMUNITY INVOLVEMENT STRENGTHS

Percent of youth in the community who report that they . . .



Note: The letters in the column indicate whether differences among columns are statistically significant. If columns in the same group have different letters, the differences are statistically significant; if columns have the same letters, the differences are not statistically significant.

PEER-RELATED COMMUNITY STRENGTHS

Peer behaviors appear to have a significant impact on community health, while peer values appear to have little influence (Figure 11). At one level, this finding may be surprising. At another, it confirms the cliché: Actions speak louder than words. What young people believe and value is important in shaping their own behaviors; but what they do and do not do is what influences their peers.

The most influential behaviors are those that young people do *not* see their peers do: skip school, drink frequently, use illicit drugs, or attend drinking parties. In the healthiest communities, three out of four youth (73 percent) say their peers avoid such behaviors, compared to only 59 percent in the least healthy communities and 66 percent in the moderately healthy communities.[14] When most teens in a community do not do these things, they exert a positive influence on their peers. Or, put another way, when only a minority of youth is engaged in these behaviors, they are less influential.

What young people believe and value is important in shaping their own behaviors; but what they do and do not do is what influences their peers.

What is interesting is that the presence of positive behavior (engaging in prosocial and responsible behavior) has much less impact on community health than the other factors—a finding that, on the surface, contradicts the call for rebuilding community through voluntary service. We see only minor differences between the least healthy and the moderately healthy communities in the area of prosocial behavior. But before discarding service as a potent force for community change, it is important towhy this finding may not be surprising after all:

- First is the issue of majority involvement. Since most youth in every type of community are not engaged in volunteer activities, the community norm is not to serve. We can only wonder what the impact of this might be on community health. As more and more communities emphasize youth service, we may begin to see a greater impact on community norms.
- A second factor that may be suppressing the impact is that much of whatever volunteering the young people do engage in is private, with few opportunities for youth to articulate their experiences and learn from each other. Research in service-learning suggests that the true impact of service occurs only when young people have opportunities to articulate and internalize their experiences. If schools, congregations, and other community organizations would become more intentional in debriefing these experiences, we might begin seeing a greater impact.[15]

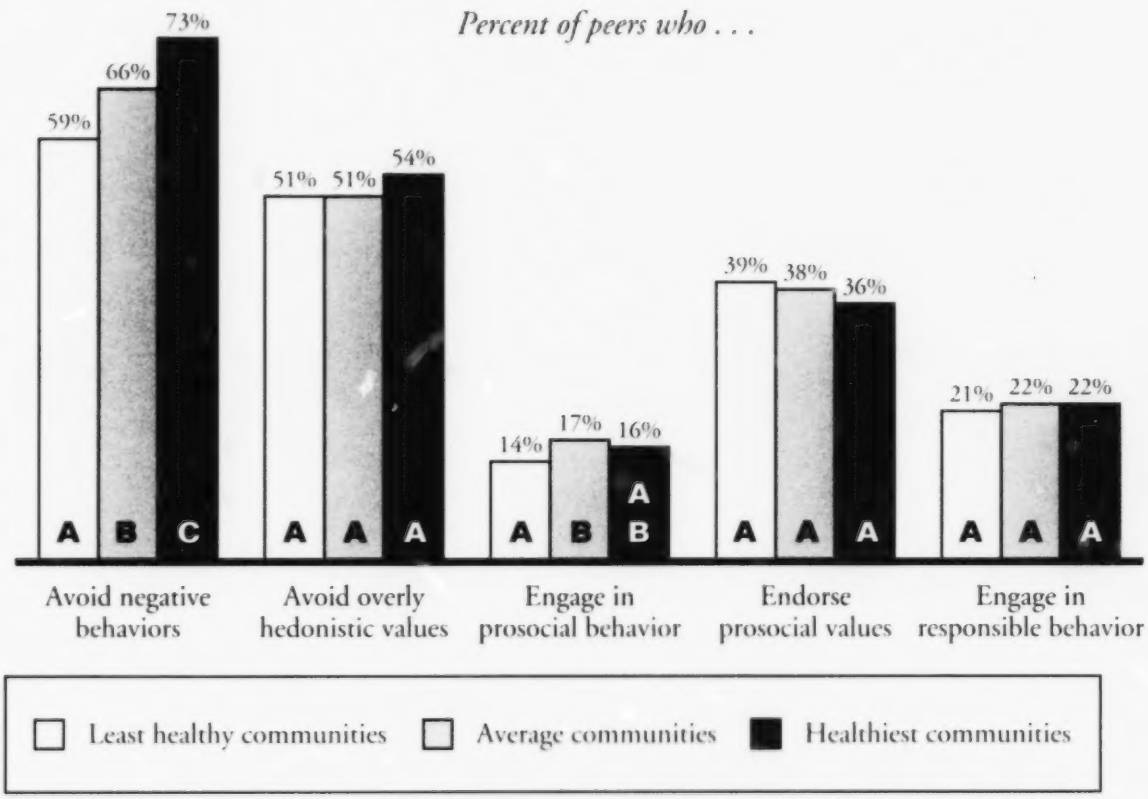
The lack of distinction between communities based on positive peer values (avoiding overly hedonistic values and endorsing prosocial values) may also be a function of several factors:

- In no community type does a majority of youth hold these values, so they are not norms.
- Such values may actually be a function of the mass media and broader societal factors, in which case, a community's values are not shaped primarily by forces within it but are heavily influenced by external factors. Thus it may be impractical for communities to rely solely on nurturing positive values as the key to improving community health.

- Finally, whereas we commonly think of values as shaping behavior, it may also be that behaviors shape values; or, put another way, youth internalize values from the things they do. Those values may, in turn, shape future behavior. Therefore, we may do well to involve youth in positive structured activities (which have a powerful impact on community health) in hopes that these activities will reshape community values and norms.

For many people today, youth are a problem to be solved. The findings on community strengths suggest that that perspective is less than adequate. Young people can be resources and allies in our efforts to promote community health. What they do has a significant impact on their peers. By tapping that potential and working alongside youth to build community strengths, we not only empower them to take responsibility, but we also use their strengths to build healthy communities.

Figure 11 PEER-RELATED COMMUNITY STRENGTHS



Note: The letters in the column indicate whether differences among columns are statistically significant. If columns in the same group have different letters, the differences are statistically significant; if columns have the same letters, the differences are not statistically significant.

BUILDING MULTIPLE COMMUNITY STRENGTHS

So far we have discussed only how each separate community strength relates to community health. But what happens when young people experience several of these strengths, not just one? How do these strengths build on and complement each other?

To answer this question, each community was evaluated based on whether or not it was above-average on the six key community strengths that were found to have a significant relationship with community health[16]:

- avoidance of peers with negative behavior
- motivated and committed students
- involvement in structured activities
- attendance in religious services
- caring and supportive school environment
- caring and supportive families

Only eight of the 112 communities have all six key community strengths. Nineteen communities lack all of them.

Only eight of the 112 communities have all six key community strengths. Nineteen communities lack all of them. On average, the 112 communities have 2.9 of the six strengths. What is most relevant, though, is the difference in the average number of community strengths among the different types of communities:

Community Type	Average Number of Six Key Community Strengths
Healthiest communities	4.32
Average communities	3.00
Least healthy communities	1.14
Average of all 112 communities	2.90

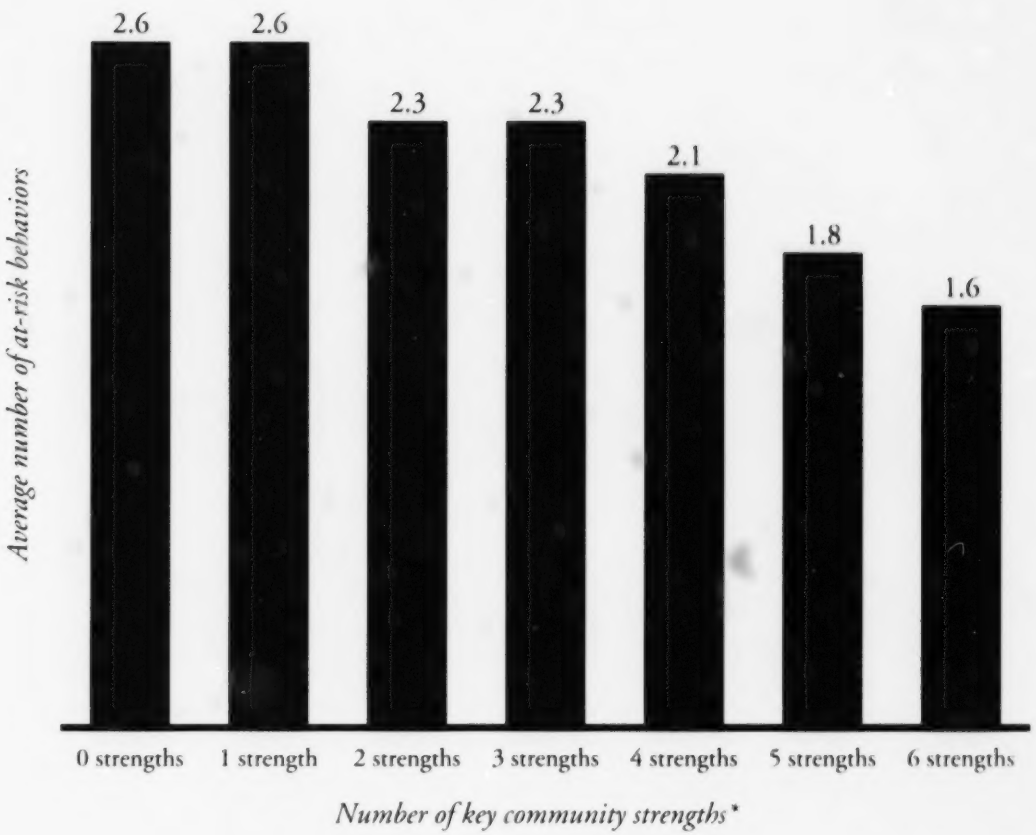
It is also striking to see how increasing the number of community strengths decreases the number of at-risk behaviors in which youth in the community engage. As Figure 12 shows, the average young person in a community with none of the six strengths present is involved in 2.6 of the 16 at-risk behaviors (which formed the foundation for our definition of community health). Yet as community strengths are added, the level of at-risk involvement drops steadily. And when all six of the strengths are in place, the average number of at-risk behaviors has fallen to 1.6—a level where a large proportion of youth are at low risk (one or fewer at-risk behaviors).

Clearly, the greater number of these six strengths a community experiences, the more its youth are healthy. Another way to examine the power of community strengths is to see, using a regression model, how well they explain differences in the average number of at-risk behaviors in the community. When this is done, we find that almost 70 percent of the variance in community indicators of the average number of at-risk behaviors is explained by combining the key community strengths. This level is quite high.

Even when we control for differences in the size of communities and in the percent of intact families (which together account for only 14 percent of the variance), the total variance explained is just over 70 percent. Thus, these demographic differences in communities do not explain the differences between the healthiest and least healthy communities or the level of community strengths experienced.

Whereas each community strength alone may not have as much influence as we might have hypothesized, the impact when the strengths are added together is dramatic. By working together to build multiple strengths across multiple sectors and organizations, communities can begin to develop into healthier places for young people to grow up.

Figure 12 AVERAGE NUMBER OF AT-RISK BEHAVIORS BY NUMBER OF COMMUNITY STRENGTHS PRESENT



* The six specific strengths evaluated were: avoidance of peers with negative behavior; motivated and committed students; involvement in structured activities; attendance in religious services; caring and supportive school environment; and caring and supportive families.

SUMMARY OF COMMUNITY STRENGTHS AND HEALTH

There is not a dramatic difference in what youth experience as community strengths between the least healthy and healthiest communities studied here. Throughout the chapter we have offered possible reasons for these findings. At the same time, some powerful strengths were identified. Several overall themes or patterns emerge:

- **Community-level institutions—not families or peers—are the source of the most powerful strengths in promoting community health.** Schools, churches and synagogues, youth organizations, and the general support of structured activities are clearly influential in shaping a healthy community for youth. This is an important message as organizations, coalitions, and governments search for ways to meet the multiple needs of today's young people.

Community-level institutions—not families or peers—are the source of the most powerful strengths in promoting community health.

- **Majorities make a difference.** Only when most youth in a community experience a strength does it become a powerful predictor of the community's health. Such effects are sometimes called "threshold effects": Like a seesaw, the balance only shifts when enough weight is placed on one side to offset the other.

  This threshold model is often applied to contagious diseases where the spread of the disease increases rapidly after a certain proportion of the community has been exposed. This threshold or "contagion" perspective underscores the importance of communities acting together for youth. Even positive behaviors and experiences are "contagious" and can spread to others.

- **Strengths build on each other.** While individual community strengths may not have a dramatic impact, they become powerful when drawn together. Even more important, communities don't have to do everything at once to improve health. Adding community strengths one by one can create a gradual decline in at-risk behaviors.

For the past two decades, much attention has been paid to how to prevent individual teenagers from getting into trouble. Counselors and social workers have concentrated their attention on addressing particular issues in the lives of particular teens. More recently, people have begun to focus on finding ways to help individual youth grow up healthy by creating positive self-esteem, strong personal skills, and a sense of personal values.

Each of these emphases clearly has a place in work with youth. But there is also another level that can have a positive impact as well: finding ways to build strengths in communities and organizations so that a context is provided in which many young people are supported, nourished, and empowered to grow up healthy. The findings of this chapter challenge everyone in our communities to begin thinking in these terms as well.

CHAPTER FOUR

Community Impact on Vulnerable, Average, and High-Asset Youth

First an illustration: A greenhouse worker of our acquaintance built his entire home landscape out of sickly plants. Customers would bring sickly looking plants to the greenhouse and ask for a replacement. He would fill their requests, then take their failing plants home where he would plant them. In the fertile soil and skillful care of the master gardener, each of these plants would gradually be nourished back to full health and flowering beauty.

The story isn't a surprising one. We know how important it is for plants to receive the right kind of care in the right kind of soil. Similarly, we intuitively believe the same principle holds true for individual young people. Stories abound of young people who suddenly blossom when they are moved from difficult living conditions to a supportive, caring community. And we worry about what might happen to "good kids" when they move to potentially dangerous places. Will they have the internal strength to continue to flourish?

Within every community are some youth who are vulnerable to negative influences because they do not have strong support systems in their own families or in themselves.

Up to this point, this report has examined the impact of a community's health on all young people as a group. Yet young people are not all the same. Within every community are some youth who are vulnerable to negative influences because they do not have strong support systems in their own families or in themselves. And within every community are some youth whose personal assets protect them from those same negative influences. Given these differences among youth, how does living in the different types of communities affect different types of youth?

To illustrate, suppose a young person has only a few personal, internal strengths or assets (motivation in school, positive values, the ability to make good decisions) in his or her life. What happens when this young person lives in a healthy community versus in a less healthy community? How would this young person's at-risk behavior differ depending on the kind of community in which he or she lived?

Whereas gardeners can answer that kind of question by planting the same species in two different places, it is not possible to place a young person in two different communities to see how well he or she does in each. But we can examine how well youth with similar characteristics manage in the three different types of communities.

DIFFERENT YOUTH IN DIFFERENT COMMUNITIES

One way to explore differences in youth is to compare the number of assets that young people each have in their lives. The Troubled Journey identified 30 different internal and external assets that protect youth from at-risk behaviors.[17] These personal assets can be grouped into two broad areas that are broken into six categories:

External Assets

- **Support**—A young person feels supported by those around him or her and has people to turn to for advice and care.
- **Control**—A young person has parent(s) who monitor and discipline, spends school nights at home, and has friends who model responsible behavior.
- **Structured time use**—The student spends time in constructive, structured activities such as music, extra-curricular activities, community-based activities, and religious organizations.

Internal Assets

- **Educational commitment**—The student does well in school, is motivated, and aspires to continuing education beyond high school.
- **Positive values**—The young person values helping others, is concerned about hunger (which represents global concern), cares about others, and values sexual restraint.
- **Social competence**—The young person perceives himself or herself to have social skills such as assertiveness, decision-making, friendship-making, and planning, as well as self-esteem and a positive view of the future.

These personal assets are similar to and, in some ways, overlap with the community strengths. They differ in that they are now being used to classify the well-being of individual youth, not of communities. Based on the number of these assets, here is how we define three types of youth:

Are communities healthy simply because they have high-asset youth in them?

- **Vulnerable youth**—Those youth with 10 or fewer of the 30 possible personal assets.
- **Average youth**—Those youth with between 11 and 20 of the 30 possible personal assets.
- **High-asset youth**—Those youth with more than 20 of the 30 possible personal assets.[18]

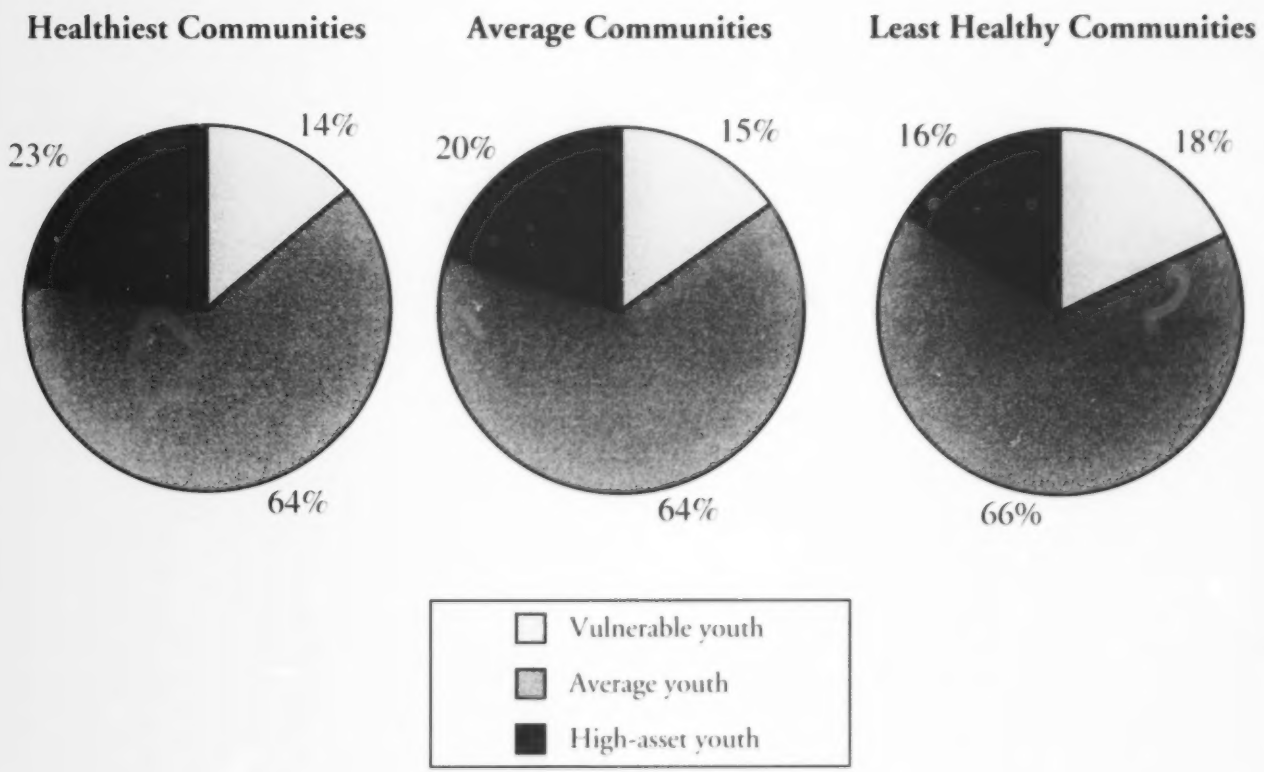
Given these three types of youth, we can begin to explore how different types of communities affect each. Will we find, for example, that communities are healthy simply because they have healthy, high-asset youth in them? Or—on the other end of the spectrum—is a community less healthy simply because it has mostly vulnerable youth in it? If so, then personal assets (not community strengths) would account for the differences in community health. We would need to focus all of our energy on making individual youth healthy.

It is true that vulnerable youth are slightly more likely to live in the least healthy communities than in the healthiest communities (18 percent versus 14 percent), and that high-asset youth are slightly

more likely to live in the healthiest communities (23 percent versus 16 percent). (See Figure 13.) Thus, the community's overall health is somewhat influenced by the assets of its individual youth—though that influence is not great. Similarly, one can infer that healthy communities may indeed be building assets into individual young people's lives, thus protecting them from at-risk behaviors.

But what is most important is that all three types of youth live in all three types of communities in roughly similar proportions. About two-thirds of youth in all three community types have average asset levels (10-20 assets), and all three types of communities include both vulnerable and high-asset youth. This allows us to ask, how does a community's health influence young people's at-risk behaviors when those young people have different levels of assets? Does a community's overall health make any difference—particularly for those vulnerable youth who are personally at greatest risk?

Figure 13 DIFFERENT TYPES OF YOUTH IN LEAST HEALTHY, AVERAGE, AND HEALTHIEST COMMUNITIES



COMMUNITY IMPACT ON SIMILAR YOUTH

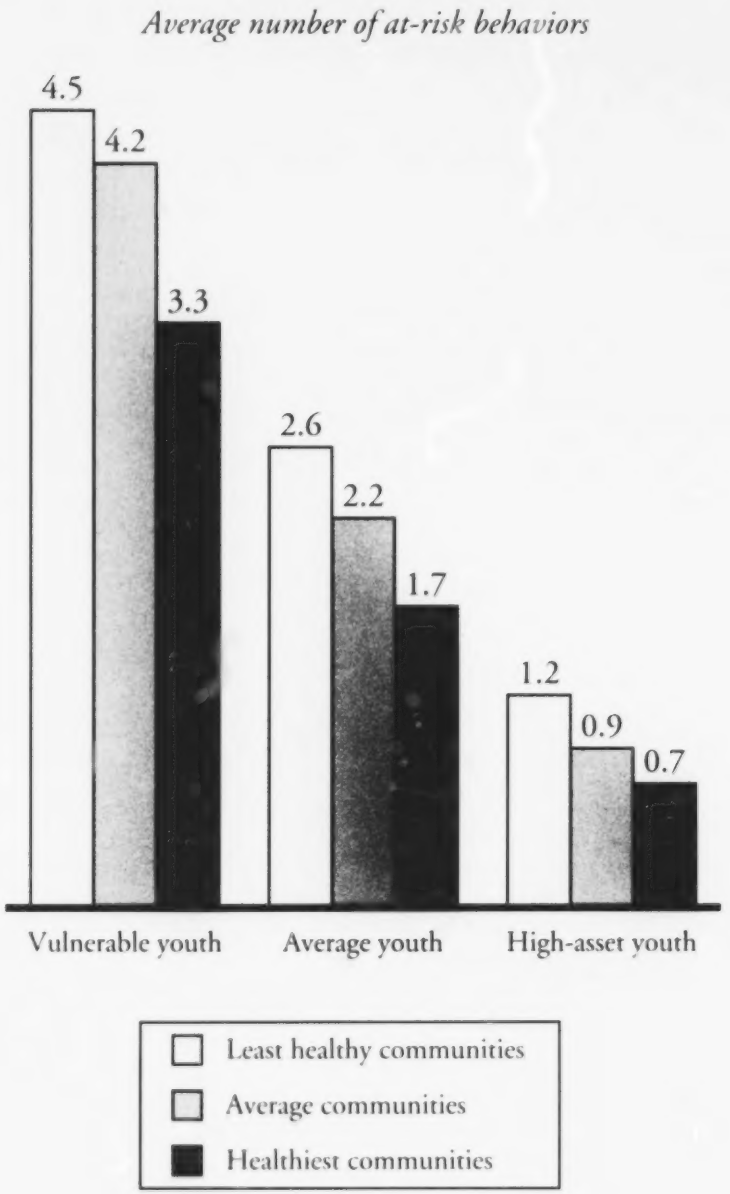
Figure 14 shows the mean number of at-risk behaviors for each type of youth in each type of community. The first thing to notice is what has already been demonstrated: Regardless of what community they live in, vulnerable youth have more at-risk behaviors on average than average or high-asset youth. Similarly, even when they live in the least healthy communities, high-asset youth typically are involved in fewer at-risk behaviors than are vulnerable and average youth in any community, including the healthiest. Thus, though important, a community's health alone cannot overcome a deficiency of personal assets in a young person.

Healthier communities do, in fact, have a positive impact on the youth who live in them—but particularly on the most vulnerable youth.

At the same time, it is also clear that for each of the three types of youth, the ones in the healthiest communities do better than those in the least healthy communities. Furthermore, the size of the decrease in at-risk behaviors among community types is greatest for vulnerable youth. On the average, a vulnerable young person in the healthiest communities is involved in 3.3 at-risk behaviors, compared to 4.5 for the average vulnerable youth in the least healthy communities. Community health also has an impact on average and high-asset youth, but the difference is not as dramatic.

This analysis suggests that healthier communities do, in fact, have a positive impact on the youth who live in them—but particularly on the most vulnerable youth. Thus, while a community cannot compensate completely for the lack of a young person's personal assets, it can—and does—have a positive impact on those youth who are most lacking in the kinds of internal and family supports that nurture healthy development.

Figure 14 **AT-RISK BEHAVIORS AMONG SIMILAR YOUTH IN DIFFERENT TYPES OF COMMUNITIES**



COMMUNITY IMPACT ON VULNERABLE AND HIGH-ASSET YOUTH

On average, vulnerable youth (those with few assets) are clearly more likely to be involved in various at-risk behaviors in all community types. High-asset youth, on average, are clearly less likely to be involved in those same behaviors in all community types. But interesting patterns emerge when we compare vulnerable and high-asset youth's actual at-risk behavior in the healthiest and the least healthy communities.

Figure 15 shows the percentages of vulnerable and high-asset youth who engage in none or only one of the at-risk behaviors and those who engage in four or more at-risk behaviors in each community type. This comparison indicates that being vulnerable (having few assets) does not predetermine that a young person will engage in multiple at-risk behaviors. Furthermore, placing vulnerable youth in healthy communities increases the percentage of those who avoid most at-risk behaviors by 17 percent (from 19 percent to 36 percent) and decreases the percentage who engage in multiple at-risk behaviors by 16 percent (from 57 percent down to 41 percent).

By building community-wide strengths that contribute to community health, we can protect a sizable portion of the most vulnerable youth from falling into behaviors that put them at high risk.

In all community types, vulnerable youth are more likely than other youth to be at high risk (four or more at-risk behaviors). However, fewer than half the vulnerable youth in the healthiest communities are at high risk (41 percent), while more than half (57 percent) of this population is at high risk in the least healthy communities.

The corollary is also true for high-asset youth. Regardless of community type, they are most likely to be at low risk (one or fewer at-risk behaviors). At the same time, community health can increase the percentage of high-asset youth who are healthy by 9 percent (from 71 percent to 80 percent). Community health also has a positive impact on reducing the already small percentage of high-asset youth who engage in multiple at-risk behaviors.

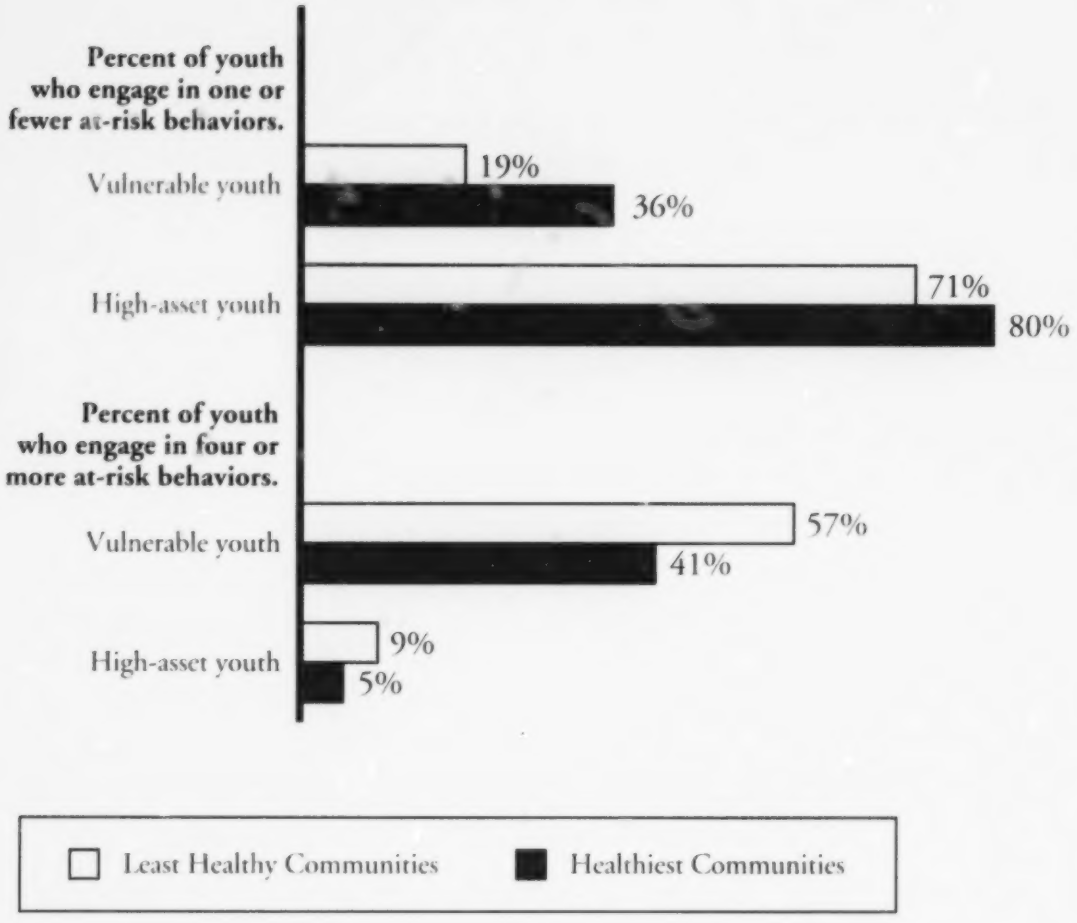
If our vision is for most youth in a community not to engage in at-risk behaviors, these findings give hope. Many organizations (schools, youth agencies, congregations) face obstacles in gaining access to the families and individuals in order to nurture individual assets in each young person. But by building community-wide strengths that contribute to community health, we can protect a sizable portion of the most vulnerable youth from falling into behaviors that put them at high risk.

Discovering that it is possible to shift youth into a low-risk behavior category is welcomed news; even more encouraging is the knowledge that vulnerable youth can also be kept out of the multiple high-risk behaviors in significant numbers—almost six out of 10—if their communities are healthy.

These findings also challenge youth-serving organizations and policy makers. Too often, the very programs that help the most in creating healthy communities are most readily available only to high-asset youth—the ones who have supportive families and who have personal commitments already in place that draw them to the programs. As program planners know, the most vulnerable youth are the most difficult to reach. The challenge, then, is twofold:

- First, to discover more effective ways to involve the most vulnerable youth in our sports, music, religious, and service programs so that they can be positively influenced.
- Second, to reshape our current programs in ways that appeal to different audiences.

Figure 15 **VULNERABILITY, AT-RISK INVOLVEMENT, AND COMMUNITY HEALTH**



VULNERABLE YOUTH: SPECIFIC AT-RISK BEHAVIORS

To provide a more concrete example of the power of a community's impact, Figure 16 shows the average percentage of vulnerable youth engaged in each at-risk behavior in the healthiest and in the least healthy communities. Since the youth are all similar in terms of having few personal assets (each with ten or fewer), any differences likely reflect the impact of the community as a whole.

The bigger differences occur in those at-risk behaviors that have the greatest direct impact on healthy development.

Community impact is substantial. For example, while 62 percent of vulnerable youth are sexually active in the least healthy communities, only 46 percent of similarly vulnerable youth in the healthiest communities are sexually active. And illicit drug use among equally vulnerable youth is twice as high in the least healthy communities as it is in the healthiest (26 percent versus 13 percent).

Interestingly, the bigger differences occur in those at-risk behaviors that have the greatest direct impact on healthy development (use of various substances, sexual practices, absenteeism, and attempted suicide). In contrast, the anti-social behavior of vulnerable youth is almost the same in both the healthiest and least healthy communities.

A closer examination of the assets of vulnerable youth reveals that, while the number of assets is similar, the specific types of assets differ slightly. In particular, the vulnerable youth in healthy communities are somewhat more likely to have assets related to the community strengths noted earlier (e.g., greater religious involvement, more participation in structured activities, higher educational aspirations, and more time spent doing homework). In contrast, a greater proportion of the assets that vulnerable youth have in the least healthy communities are personal assets (for example, self-esteem, perceived friendship-making skills, and values about helping people.) These personal assets are more matters of personal perceptions and tend to be less powerful in reducing at-risk behaviors.

These findings suggest that vulnerable youth in the least healthy communities may have positive self-perceptions and believe they have skills, yet they lack the external supports that help them translate those feelings into positive choices and behaviors.

Figure 16 SPECIFIC AT-RISK BEHAVIORS OF VULNERABLE YOUTH IN DIFFERENT COMMUNITIES

At-Risk Behavior*	Average in 28 Least Healthy Communities	Average in 28 Healthiest Communities
TOBACCO USE		
1. Daily cigarette use	37%	24%
2. Frequent chewing tobacco use	12%	7%
ALCOHOL USE		
3. Frequent alcohol use	30%	25%
4. Binge drinking	52%	45%
ILLICIT DRUG USE		
5. Frequent use of illicit drugs	26%	13%
SEXUAL ACTIVITY		
6. Sexually active	62%	46%
7. Non-use of contraceptives	43%	31%
DEPRESSION/SUICIDE		
8. Depression	31%	24%
9. Attempted suicide	26%	19%
ANTI-SOCIAL BEHAVIOR		
10. Vandalism	23%	18%
11. Group fighting	19%	14%
12. Trouble with police	22%	18%
13. Theft	25%	19%
14. Weapon use	5%	3%
SCHOOL PROBLEMS		
15. School absenteeism	30%	21%
16. Desire to drop out	4%	2%

* For definitions of each at-risk behavior, see Appendix A.

AVERAGE AND HIGH-ASSET YOUTH: SPECIFIC AT-RISK BEHAVIORS

A similar analysis of the at-risk behaviors of average and high-asset youth in the two extreme types of communities is shown in Figure 17. Just as for vulnerable youth, the impact of living in an overall healthier community reduces the likelihood of average and high-asset youth's engaging in most of the at-risk behaviors. These results suggest that there are no losers in healthy communities. Regardless of the number of assets a youth has, he or she is better off in a healthy community.

SUMMARY OF COMMUNITY IMPACT ON DIFFERENT YOUTH

Taken as a whole, the impact of community health on different types of youth suggests that vulnerable youth benefit the most from living in a healthy community. Even in the least healthy communities, high-asset youth do fairly well in avoiding at-risk behaviors. These data contradict a common cliché: namely, that "a rotten apple spoils the barrel." Rather, in the case of youth, an adolescent with problems is likely to benefit more from being in a healthy community than a "good apple" is likely to rot in a less healthy one.

An adolescent with problems is likely to benefit more from being in a healthy community than a "good apple" is likely to rot in a less healthy one.

Unlike apples in a barrel, youth do not inevitably become infected with at-risk behaviors when others around them "rot" into those behavior patterns. They can—and often do—grow and contribute to their communities, an indication of the power of healthy environments on all types of youth.

Youth in trouble can learn from and benefit from the high-asset youth around them, and the larger community that makes health-promoting influences more accessible. By placing youth—even those who lack personal assets and are most vulnerable to problems—with a majority of other youth who are doing well, their chances of improving increase.

Perhaps, then, we need to shift our images—away from the rotten apples to focus on the image of the gardener who recognizes the value of cultivating healthy soil. Such a shift opens us to a new understanding of the constructive power of communities for youth. It also challenges parents, youth workers, educators, and other leaders to create the kinds of communities where youth thrive.

Figure 17 SPECIFIC AT-RISK BEHAVIORS OF AVERAGE AND HIGH-ASSET YOUTH IN DIFFERENT COMMUNITIES

At-Risk Behaviors	AVERAGE YOUTH		HIGH-ASSET YOUTH	
	Average in 28 Least Healthy Communities	Average in 28 Healthiest Communities	Average in 28 Least Healthy Communities	Average in 28 Healthiest Communities
TOBACCO USE				
1. Daily cigarette use	18%	10%	8%	3%
2. Frequent chewing tobacco use	8%	5%	4%	1%
ALCOHOL USE				
3. Frequent alcohol use	16%	11%	6%	3%
4. Binge drinking	34%	27%	16%	9%
ILLICIT DRUG USE				
5. Frequent use of illicit drugs	13%	5%	5%	2%
SEXUAL ACTIVITY				
6. Sexually active	50%	32%	33%	16%
7. Non-use of contraceptives	29%	18%	17%	8%
DEPRESSION/SUICIDE				
8. Depression	18%	13%	8%	5%
9. Attempted suicide	17%	10%	11%	7%
ANTI-SOCIAL BEHAVIOR				
10. Vandalism	11%	8%	3%	4%
11. Group fighting	12%	9%	6%	6%
12. Trouble with police	9%	6%	3%	2%
13. Theft	14%	9%	6%	3%
14. Weapon use	2%	1%	1%	0%
SCHOOL PROBLEMS				
15. School absenteeism	15%	9%	5%	4%
16. Desire to drop out	0%	0%	0%	0%

CHAPTER FIVE

Strategies for Change

Every community, regardless of size or resources, must deal with how it will build a strong and healthy environment in which youth can thrive. While this task is universal, its magnitude, starting point, and even effective solutions can and should vary widely from one community to another. No single answer is adequate, and no single group responsible. By its very nature, caring for youth is a community—not exclusively a family or school—task.

This report has focused on data from communities not generally overwhelmed by poverty or family breakup. At the same time, however, the communities in this study do face significant challenges in providing healthy environments for their youth. And though it would be inappropriate to generalize the specific findings to all communities, several important implications can be draw about what individuals, organizations, and youth themselves can do to make a difference.

Caring for youth is a community—not exclusively a family or school—task.

Throughout a discussion of these strategies, it is important to underscore the value of cooperation across sectors and among organizations. As Joan Wynn and her colleagues write: "The separate contexts for socializing adolescents—families, schools, peers, the media, the workplace, and communities—have distinct functions in enhancing the development of youth. One context cannot take the place of others."[19]

PRIMARY SERVICES VERSUS SPECIALIZED SERVICES

This report has focused on activities, involvement, and the nature of care that youth experience every day, not on the range of all services youth need in a community. To use the language of Harold Richman and his colleagues, an important distinction needs to be made between primary and specialized services[20]:

- Specialized services are those services we typically think of when we discuss social services. They include welfare, health, and child protective services. While these services are critical, they are not the only services children and youth need.
- Primary services consist of the broader array of activities, facilities, and events that help develop youth's capacities and meet the "critical needs of youth for development, support, and problem solving." Such services are "based on the premise that the critical needs of children . . . should be met as much as possible by children's natural activities and affiliations."

Primary services are critical for all communities, and their presence is an essential feature of a healthy community.

Consistent with this report's findings, primary services—not prevention or treatment—are the focus of the suggested strategies. This emphasis reflects the major difference between the healthiest and least healthy communities: the availability of opportunities in school, church/synagogue, and community activities. These primary services do not replace specialized services, but they do effectively complement them. A broad-based discussion of the appropriate balance of primary, prevention, and treatment services in a community is one good starting point for a community assessment of how best to respond to the needs of youth.

The availability of these primary services may also be one of the key features that distinguishes the communities studied here from poverty-ridden urban neighborhoods. As the proportion of youth needing specialized services increases, the balance or level of integration may need to shift. Nevertheless, the need for primary services is critical for all communities, and their presence is an essential feature of a healthy community.

IMPLICATIONS FOR FAMILIES

Families, and particularly parents, play pivotal roles in the optimal development of their own children. These roles should not be underestimated; yet families should not be made the scapegoats for a society that does not help in the process of child-rearing. As Chapter 4 noted, caring and supportive parents do not automatically make a major difference in the overall health of youth in the community. There are, however, things parents can do that may make a difference. They can:

- **Recognize each person's responsibility for the welfare of all youth.** In recalling her own childhood, Marian Wright Edelman, founder of the Children's Defense Fund, makes the point this way: "[My parents] understood that parenting didn't stop at their own front door. When I grew up there was an extended family commitment to all the children in our community."[21]
- **Avoid the trap of abandoning their children as they move through adolescence.** Youth do need freedom and space and distance to develop independence and self-understanding. But they also need a sense of care and support from their parents.

Parents can make home a comfortable place for their teenagers and their friends.

- **Actively get their children involved in community opportunities, and support others who wish to be involved as well.** The data clearly show the value of having most youth involved in constructive, structured activities.
- **Become directly involved, through coaching, chaperoning, or leading some of the activities in which their children are interested.** Organizations need such involvement.
- **Volunteer in organizations or activities where their own youth are not involved.** As adolescents get older, they may prefer this less-direct role.
- **Advocate for and support youth serving-organizations, schools, and other groups that provide constructive outlets for youth of different ages.** Having healthy youth surrounding individual teenagers is a great insurance policy against at-risk behaviors.
- **Make home a comfortable place for their teenagers and their friends.** This welcoming attitude should start early and be kept throughout adolescence. Parents' friends are often named by adolescents as people they feel are important in their life.
- **Take advantage of opportunities to be with their teens and their friends when driving them to and from activities or events.** Listening to how they talk and their concerns can help parents understand their own children.
- **Insist that the community and its various groups provide a variety of activities for all types of youth.** The proportion of youth who are involved in something constructive makes the difference—not having a handful of youth running constantly between dozens of activities.
- **Understand the importance of their own family influence on their children's own internalized values.** Families in communities that seem unhealthy worry about what will happen to their own healthy teenagers. They can gain assurance in remembering that the family's influence can go a long way in protecting from negative influence.

IMPLICATIONS FOR YOUTH

What role do youth have in influencing their own communities for the good? Strategies that may prove helpful include the following. They can:

- **Push for greater access to meaningful roles and opportunities in organizations, government, businesses, and schools within the community.**
- **Work with friends to identify needs and to create opportunities to serve others in the school and community** (as well as in the society at large through major issues). A healthy community for youth should also be healthy for other residents, and service projects can be great vehicles for drawing positive attention to youth as resources, not problems.

Service projects can be great vehicles for drawing positive attention to youth as resources, not problems.

- **Identify strategies for including a more diverse, expanded group of young people in structured programs and activities in which they themselves participate.**
- **Advocate for programs that help parents better understand youth perspectives and build more mutually caring, supportive, and active families.**
- **Join with peers in their schools, congregations, or civic organizations to create a climate that affirms positive choices and discourages negative behaviors.** Silence gives the impression of condoning negative behaviors.
- **Ask an adult to become involved in helping to meet a personal or group goal.**
- **Refuse to take no for an answer.** Communities need constructive and active participants of all ages, though some leaders may not recognize the need. Youth can persist in working for positive change. It can pay off in creating a better community for everyone.
- **Be part of community-wide efforts to shape programs for youth.**

IMPLICATIONS FOR EDUCATORS

Having a caring and supportive school environment with motivated and committed students are two of the features that distinguish the healthiest from the least healthy communities in this study. Schools are also the location of many of the structured activities in which youth in healthy communities are more involved. The following strategies may help strengthen these aspects of schools. School administrators, teachers, and other leaders can:

- **Recognize the value of a diverse array of in- and out-of-school activities for youth.** Supporting such activities—both financially and with appropriate people—is a difficult but necessary task around which a healthy community can mobilize.
- **Identify the unique needs and strengths of the school's students.** National data on needs and concerns may not accurately reflect a particular community's realities. Gathering baseline data both on at-risk behaviors and on assets through a survey such as *Profiles of Student Life* helps to ensure that programs and strategies address the issues among students.
- **See school facilities as a public resource.** Schools can facilitate efforts of other organizations by encouraging after-school programs, increase access to students to provide information about opportunities, and sponsor activities jointly.
- **Open school doors to parents, mentors, and other volunteers and professionals.** While it is inappropriate for a community to ask schools to do everything (a common problem!), it is equally inappropriate to believe that schools can educate effectively without extensive and constructive interaction with the community.
- **Consciously involve youth in structured activities, particularly during early adolescence.** Failure to encourage students to get involved and then to maintain their involvement during those years makes it unlikely that they will participate actively later.
- **Reorient athletic, music, and other programs so there is maximum participation.** Competitive activities are appropriate, but not sufficient. Intramural and other within-school activities hold promise for broader involvement for youth who may not be highly skilled.
- **Encourage—and then allow—youth to assume meaningful roles in the school.** This involvement should extend beyond just student council to all levels of operations and decision-making. If we want youth to learn responsibility for themselves and others, they must be treated as being capable of acting responsibly.
- **Recognize the school and school district's leadership in the community.** Active participation in community-coordinating groups and task forces can make the difference in opening up a community to address its problems and to build its vision effectively.

It is inappropriate to believe that schools can educate effectively without extensive and constructive interaction with the community.

IMPLICATIONS FOR YOUTH-SERVING ORGANIZATION STAFF AND VOLUNTEERS

Voluntary organizations such as scouts, 4-H, and athletic organizations play a major role in fostering positive youth development in the United States. Yet many have trouble maintaining involvement of older youth. How can these organizations enhance their role in the community and keep older youth active? Leaders in youth-serving organizations can:

Getting high-risk youth involved in even one program is likely to be more critical to a community's health than getting active, high-asset youth involved in yet another.

- **Cooperate rather than compete.** Redefine goals in terms of community needs rather than organizational needs. For example, rather than identifying how many youth should be in the scouting program, establish the proportion of youth in the community who should be involved in positive programs that meet certain standards. This approach creates a shared accountability system within various organizations, and joint efforts at recruiting and maintaining youth can be more effective.
- **Avoid underselling the value of their efforts on behalf of youth.** This work deserves support from others in the community because it is a vital contributor to the well-being of youth.
- **Establish consensus within the community on when and where activities and programs can operate with the least conflict.** This is particularly true for spectator events that have little direct benefit to spectators but may prevent other worthwhile direct involvement activities from having enough participants. Agreeing to nights set aside for different purposes is one example.
- **Work to increase the diversity of youth involved and the number of opportunities per youth that are available in the community.** Getting high-risk youth involved in even one program is likely to be more critical to a community's health than getting active, high-asset youth involved in yet another.
- **Cooperate with schools and other organizations to gather information on all opportunities available for youth in the community.** Such an "opportunity audit" increases awareness of needs, opportunities for new programs, and gaps in existing efforts.
- **Work actively with the families of the youth to encourage their support of the schools and other organizations that work with young people.**
- **Support school levies and other needed school policy issues that benefit youth.** The voluntary sector's involvement helps schools do their work better and opens doors to better cooperation.
- **Provide activities for all types of youth.** What makes the most difference is the proportion of youth who are involved in something constructive, not the number of activities in which any one young person is involved. Reaching those young people who are hardest to reach is often a matter of listening to their needs and interests, and developing new programs that are responsive to what they say.

IMPLICATIONS FOR RELIGIOUS LEADERS

Religious organizations have a key set of roles to play in building healthier communities. Youth involvement in religious services is significantly higher in healthy communities. When religious organizations—with the help of families and professional staff—keep youth involved in services and other activities, it makes a difference. Ministers, youth workers, and others in congregations can:

- **Increase youth involvement in the community through community service.** Such service not only enhances the religious group's visibility and credibility in the community, but also is a key expression of faith for all major religious traditions.[22]
- **Make congregational facilities available to compatible youth-serving organizations.** Many congregations have buildings that are virtually empty for many days each week, while youth-serving organizations may be struggling to find and rent adequate facilities. Such partnerships benefit the community and may extend the congregation's ministry in meaningful ways.
- **Develop programs that address unmet community needs.** Congregations can sponsor activities that can range widely from social to religious in nature. If a congregation is too small to offer activities for youth, it can work with other churches or synagogues to provide constructive opportunities.
- **Avoid duplicating—and thus competing with—community-based youth programs.** Such competitive efforts only undercut positive community efforts, when other gaps in programming need to be filled.
- **Work with non-sectarian community organizations in everything from advocacy to sharing facilities, joint programming, and coordination.** Religious organizations have much to contribute to community-wide task forces and coordinating groups.
- **Work to support and complement the efforts of the schools in the community.** There are likely many areas of shared concern, and the energy of both institutions can be combined to address the pressing needs.

Partnerships benefit the community and may extend the congregation's ministry in meaningful ways.

IMPLICATIONS FOR FEDERAL AND STATE POLICY MAKERS

To be effective and healthy, communities cannot simply look to other levels of government to solve their problems or to build a vision for their own community. At the same time communities cannot be left alone to thrive or flounder. Federal and state government leaders can use their positions and resources to promote healthy communities. They can:

- **Develop clear federal and state definitions of positive youth development policy.** Such definitions provide a vision for funding and policy priorities to work together with community organizations and families in enhancing community life for youth.

Gathering and analyzing local data about youth and the community should be a central part of program development, implementation, and evaluation.

- **Expand and encourage primary services as a long-term investment.** This does not mean big-spending programs, but rather increased awareness of the key role of these primary services. Ultimately, such an approach is likely to be more effective and less costly than treatment for the casualties that will result from ignoring such services.
- **Increase funds for comprehensive programs that address root causes and multiple needs,** rather than funding specialized programs that are all too often created more for the professionals in them than for the youth being served.
- **Through funding priorities, encourage local communities and organizations to take seriously the specific, unique needs of the particular community.** Gathering and analyzing local data about youth and the community should be a central part of program development, implementation, and evaluation.
- **Use more incentives to facilitate cooperation rather than competition among community agencies and groups.** This approach helps to avoid costly duplication and makes new joint efforts more effective.
- **Be willing to sustain funding for successful programs rather than always starting new demonstration efforts.**

IMPLICATIONS FOR LOCAL GOVERNMENT POLICY MAKERS

Though closer to the community level than state and national government, local governments do not always act on behalf of their communities—especially the youth within those communities. Local governments must recognize how to be most effective in empowering communities to function optimally for youth. To begin this process, local policy makers can:

- **Create coordinating task forces on youth issues.** These groups can bring together multiple sectors to develop cooperation—not only at the broad local level but also within specific neighborhoods.
- **Use governmental power and influence to convene and empower other groups to become involved in solutions.**
- **Encourage direct involvement of youth in meaningful and visible ways**—from special commissions, seats on important groups, and even elections of youth to places of influence.
- **Review current agency and service policies to determine whether they promote community strengths or alienate community members.** This strategy might involve everything from having the police change to walking beats to gathering direct community and youth input for park and recreation development.

Local governments must recognize how to be most effective in empowering communities to function optimally for youth.

IMPLICATIONS FOR BUSINESSES LEADERS

One of the hopeful signs these days is that the business community has become increasingly interested in youth and education. Such interest is entirely appropriate, given the important stake a business holds in the well-being of a community, and given that businesses often rely on youth themselves as laborers. Strategies for business involvement in creating a positive community climate for youth might include the following:

One of the hopeful signs these days is that the business community has become increasingly interested in youth and education.

- **Give parents and other employees time to build community strengths through mentoring, coaching, leadership on committees, and other activities.** This can be accomplished both through personnel policies that provide flexibility and time off for community service and through policies that reward, recognize, and promote employees who have made significant contributions to their communities.
- **Develop school/business partnerships that make both groups aware of the needs, challenges, and resources of the other.**
- **Invest directly in the voluntary and other youth service organizations that are working toward a common community vision.** Use funds set aside for enhancing visibility and goodwill in the community to sponsor needs assessments among youth or to underwrite community-based programs that involve youth in structured activities.
- **Support school levies and other needed school policy issues that benefit youth.** The voluntary sector's involvement helps schools do their work better and opens doors to better cooperation.
- **Support academic and work-readiness programs that motivate youth and provide opportunities for meaningful participation.** These might range from simple class participation programs to full-blown apprenticeships.

POSTSCRIPT

A Call for a New Focus

It is time to revitalize our communities—whether they be small rural towns or large urban neighborhoods. Such a call recognizes the role that communities play in nurturing healthy development for youth. In his recent monograph *Building Community,* John Gardner writes:

> *Families and communities are the ground-level generators and preservers of values and ethical systems. No society can remain vital without a reasonable base of shared values—and such values are not established by edict from lofty levels of the society. They are generated chiefly in the family, school, church, and other intimate settings in which people deal with one another face to face. The ideas of justice and compassion are nurtured in communities.*[23]

Communities of all sizes and kinds must begin creating visions, and the strategies and plans that will then create a healthy environment for youth.

Communities of every size must be able to envision what it is that they seek for their youth. What level of involvement in structured constructive activities is enough? What level of at-risk behavior is too great? What key elements do they want to be in place for their youth? In short, communities of all sizes and kinds must begin creating visions, and the strategies and plans that will then create a healthy environment for youth.

The time has clearly come to move beyond a narrow focus on single problems and individual concerns and begin also looking at youth issues through the wide-angle lens of community. Communities do make a difference in the lives of their youth, and many of the contributing factors are within a community's control—if a community unites its energy and commitment to make the world a better place for youth.

NOTES

CHAPTER ONE

[1]National Commission on Children (1991). *Beyond Rhetoric: A new American agenda for children and families.* Washington, DC: U.S. Government Printing Office.

[2]Gardner, J. W. (1991). *Building Community.* Washington, DC: Independent Sector.

[3]*Beyond Rhetoric,* pp. 70-71.

[4]Benson, P. L. (1990). *The Troubled Journey: A portrait of 6th-12th grade youth.* Minneapolis, MN: Search Institute. This report was produced with the support of Lutheran Brotherhood.

[5]Wynn, J., Richman, H., Rubinstein, R.A., and Littell, J. (1987). *Communities and Adolescents: an exploration of reciprocal supports.* Chicago, IL: Chapin Hall Center for Children, University of Chicago.

[6]RespecTeen—a national program sponsored by Lutheran Brotherhood, a fraternal benefit society—makes this survey resource available to public and private schools free of charge. Each participating district receives a comprehensive report describing its grade and gender patterns in family composition, family communications, school climate and attitudes, social competencies, values, prosocial behavior, time use, sexual activity, drug and alcohol use, antisocial behavior, interests, and needs. Also included is a comparison of these local findings with aggregated statistics from other communities that have undertaken the study. Copies of the survey and additional information can be obtained from Search Institute, 1-800-888-7828.

[7]Only communities that met the following criteria were included in this study:

- The community must have surveyed students in all grades 9 through 12. (In all cases, only students attending schools were sampled. To the extent that a community had a major school dropout problem (which is unlikely for most of the communities studied), the sample used would therefore not accurately reflect the youth in that community.)
- There must have been approximately equal numbers of students in 9th through 12th grade to ensure that overall summaries of students in the community would not be biased by one grade level.
- The schools must have been public schools that drew students from within the community.
- Either every person in the grade must have been asked to participate; or at least 50 students must have been sampled per grade level.

Using these criteria, 114 communities were selected, but two ultimately had to be eliminated because they were not similar to the other 112. One was a majority African American community; the other was an American Indian reservation. We are interested in such communities and providing results back to them, but it would be unfair to have any single community—of any type—represent the diversity of all such communities. Without many communities that have a majority of people of color, for example, comparative analysis with the communities that are predominately white would be scientifically useless and potentially misleading.

CHAPTER TWO

[8]In part, this limitation is an unfortunate consequence of not having had an explicit youth policy in this country. However, several significant initiatives are under way to provide such a framework. One notable example is the work of Karen Pittman of the Center for Youth Development and Policy Research, Academy for Educational Development, Washington, D.C., which has developed a five-year strategy for making youth development a national priority.

[9]These 16 definitions were established in *The Troubled Journey.* Two other domains from the original study (vehicle safety and bulimia) and their four at-risk behaviors were not included here because they were more representative of peer norms (drinking and driving), or of a psycho-pathological problem (bulimia) than of a socially influenced domain.

[10]The communities in the analysis were intentionally similar and do not cover the full range of demographic factors. For example, none of these communities had a majority of non-white residents or female-headed, single-parent families.

CHAPTER 3

[11]The National Commission on the Role of the School and the Community in Improving Adolescent Health, *Code Blue: Uniting for healthier youth* (Alexandria, VA: National Association of State Boards of Education, 1990), p. 29.

[12]In many cases, these elements of community strength rely on the same items used in *The Troubled Journey* to measure external personal assets. The difference is that the individuals' responses have been combined in new ways and with other questions to yield a measure of the percentage of youth in a community who experience the dimension.

[13]Two of the three communities with a majority (more than 50 percent) of their youth reporting caring and supportive families were classified as healthy. None was classified as least healthy. The negative effect from a lack of caring and supportive families may only occur when the percentage is very high (90 percent or more) or when the proportion of families with only one parent (which makes the family more vulnerable) is greater than it was in these 112 communities.

[14]While it is somewhat more likely for peers to be more engaged in negative behaviors in the least healthy communities, the measures used here refer to youth's perceptions of the behavior of their actual friends—not to the level of behaviors in the general community (which was used to define community health). Thus, this measure is independent of the ways in which communities were defined and reflects the process by which negative peer behavior affects an individuals. Such negative behaviors are more likely to be present in a young person's friendships in the least healthy communities.

[15]See, for example, Rich Willits Cairns and James C. Kielsmeier, *Growing Hope: A sourcebook on integrating youth service into the school curriculum* (St. Paul, MN: National Youth Leadership Council, 1991).

[16]A community is said to have a community strength if the percentage of youth who experience that strength is greater than the average across all 112 communities.

CHAPTER 4

[17]Appendix D defines all 30 assets and shows that the number of these assets a young person has makes a considerable difference in the number of at-risk behaviors in which a youth is engaged.

[18]This definition is consistent with *The Troubled Journey,* which proposed a vision that every young person have at least 20 of the 30 assets for healthy development. In that study, the average young person was found to have only about 16 of the 30 assets.

CHAPTER 5

[19]Wynn, J., Richman, H., Rubinstein, R.A., and Littell, J. (1987) *Communities and Adolescents: an exploration of reciprocal supports.* Chicago: Chapin Hall Center for Children, University of Chicago.

[20]Richman, H., Wynn, J., and Costello, J. (1991). *Children's Services in Metropolitan Chicago: Directions for the future.* Chapin Hall Center for Children, University of Chicago.

[21]Cliff, E. (1992). "A Mother's Guiding Message," *Newsweek* (June 8).

[22]Analysis of data from youth in five mainline denominations finds that those who are actively involved in service through their congregations have stronger bonds to the congregation and are more likely to grow in their faith. For more on the value of congregations getting youth involved in community service, see Benson, P.L., and Roehlkepartain, E.C. (1993). *Beyond Leaf Raking: Learning to serve/serving to learn.* Nashville: Abingdon Press.

CHAPTER 3

[23]John W. Gardner, *Building Community* (Washington, DC: Independent Sector, 1991), p. 5.

Appendices

Appendix A 16 AT-RISK BEHAVIORS

At-Risk Domain	At-Risk Behavior	A youth is at risk if he/she . . .
TOBACCO	Daily cigarette use	Smokes one or more cigarettes per day
	Frequent chewing tobacco use	Has used chewing tobacco 20 or more times in the past 12 months
ALCOHOL	Frequent alcohol use	Has used alcohol six or more times in the past 30 days
	Binge drinking	Has had five or more drinks in a row, once or more in the past two weeks
ILLICIT DRUGS	Frequent use of illicit drugs	Has had marijuana, cocaine or crack, PCP, LSD, amphetamines, heroin, or other narcotics six or more times in the past 12 months
SEXUAL ACTIVITY	Sexually active	Has had sexual intercourse two or more times in his or her lifetime
	Non-use of contraceptives	Is sexually active, and self or partner does not always use contraceptives
DEPRESSION/SUICIDE	Depression	Is sad or depressed most or all of the time
	Attempted suicide	Has attempted suicide once or more
ANTI-SOCIAL BEHAVIOR	Vandalism	Has destroyed property "just for fun" two or more times in the past 12 months
	Group fighting	Has taken part in a fight between two groups or gangs two or more times in the past 12 months
	Police trouble	Has been in trouble with the police two or more times in the past 12 months
	Theft	Has stolen something from a store two or more times in the past 12 months
	Weapon use	Has used knife, gun, or other weapon "to get something from a person" two or more times in the past 12 months
SCHOOL PROBLEMS	School absenteeism	Has skipped school two or more days in the past month
	Desire to drop out	Wants to quit school before completing high school

Adapted from Benson, P.L. (1990). *The Troubled Journey: A portrait of 6th-12th grade youth* (Minneapolis, MN: Search Institute).

Appendix B COMMUNITY VARIABILITY IN AT-RISK BEHAVIORS

At-Risk Behavior*	Average Level Across Communities	Standard Deviation	Lowest Level in a Community	Highest Level in in a Community
TOBACCO USE				
Daily cigarette use	14%	(6)	2%	34%
Frequent chewing tobacco use	7%	(4)	0%	23%
ALCOHOL USE				
Frequent alcohol use	15%	(5)	2%	30%
Binge drinking	32%	(7)	13%	50%
ILLICIT DRUG USE				
Frequent use of illicit drugs	8%	(5)	1%	22%
SEXUAL ACTIVITY				
Sexually active	37%	(9)	12%	57%
Non-use of contraceptives	22%	(7)	4%	35%
DEPRESSION/SUICIDE				
Depression	16%	(4)	5%	27%
Attempted suicide	14%	(5)	5%	26%
ANTI-SOCIAL BEHAVIOR				
Vandalism	10%	(4)	2%	21%
Group fighting	11%	(4)	2%	21%
Police trouble	9%	(4)	0%	20%
Theft	12%	(6)	0%	28%
Weapon use	1%	(1)	0%	5%
SCHOOL PROBLEMS				
School absenteeism	11%	(7)	0%	42%
Desire to drop out	1%	(1)	0%	3%

* For specific definitions of each at-risk behavior, see Appendix A.

Appendix C MEASURING COMMUNITY STRENGTHS

This appendix briefly explains how each community strength was measured using students' responses.

FAMILY STRENGTHS

1. **Care and support**—Percent of youth in the community who agree or strongly agree to six or seven of the following:
   - My family life is happy.
   - There is a lot of love in my family.
   - I get along well with my parents.
   - I have lots of good conversations with my parents.
   - My parents give me help and support when I need it.
   - My parents are easy to talk with.
   - My parents often tell me they love me.

2. **Monitoring and discipline**—Percent of youth in the community who:
   - agree or strongly agree to "If I break one of my parents' rules, I usually get punished" AND
   - say their parents would be very upset or extremely upset "if you came home from a party and your parents found out you had been drinking" AND
   - say their parents ask them where they are going and with whom they will be most of the time or all of the time.

SCHOOL STRENGTHS

3. **Caring and supportive environment**—Percent of youth in the community who meet two or three of the following criteria:
   - Agree or strongly agree that "my teachers really care about me."
   - Agree or strongly agree that "I get a lot of encouragement at my school."
   - Disagree or strongly disagree that "my teachers don't pay much attention to me."

4. **Motivated and committed students**—Percent of youth in the community who meet at least four of the following five criteria:
   - Indicate that they would like to attend "some kind of trade school or vocational school after high school," or ""go to college after high school," or "go to college and then go on after college to graduate school or professional school."
   - Spend at least six hours doing homework "in an average week."
   - Agree or strongly agree that "At school I try as hard as I can to do my best work."
   - Agree or strongly agree that "It bothers me when I don't do something well."
   - Disagree or strongly disagree with the statement, "I don't care how I do in school."

5. **Involved parents**—Percent of youth in the community who say that one of their parents often or very often does at least three of the following:
   - "Help you with your school work"
   - "Talk to you about what you are doing in school."
   - "Ask you about homework."
   - "Go to meetings or events at your school."

COMMUNITY-INVOLVEMENT STRENGTHS

6. **Attendance at religious services**—Percent of youth in the community who attend religious services at a church or synagogue at least once or twice a month.

7. **Structured activities**—Percent of youth whose combined score is five or more on the following items (where 0 hours =0; 1-2 hours = 1; 3-5 hours = 2; 6-10 hours = 3; and 11 or more hours = 4):
   - Time spent in band, choir, orchestra, music lessons, or practicing voice or instrument.

- Time spent playing sports on a school team.
- Time spent in clubs or organizations at school (other than sports).
- Time spent in clubs or organizations outside of school.
- Time spent attending services, groups, or programs at a church or synagogue.

(This coding scheme means a youth must be involved in either many activities or intensely in at least two types of activities.)

8. Connections to other adults—Percent of youth who:

- say they have had three or more good conversations with an adult (not a parent) that lasted 10 minutes or more in the past month OR
- answer three or more to: "If you had an important question about your life, how many adults do you know (not counting your parents) to whom you would feel comfortable going for help?"

PEER STRENGTHS

9. Absence of negative behavior—Percent of youth who indicate having done none of the following:

- Skipping school one or more days in the past four weeks.
- Drinking alcohol three or more times times in the past 30 days.
- Using marijuana (grass, pot) or hashish (hash, hash oil) once or more in their lifetime OR using cocaine (crack, coke, snow, rock) once or more in their lifetime.
- Going to a party "where other kids your age were drinking" three or more times in the past 12 months.

(This coding scheme assesses the general potential for a youth to avoid having negative peers.)

10. Avoidance of hedonistic values—The percentage of youth whose average response to the following three questions was less than "quite important":

- Having lots of money.
- Having lots of fun and good times.
- Being popular and well-liked.

(This approach assesses the potential for a youth in the community to have a peer who avoids three heavily hedonistic values.)

11. Presence of prosocial behavior—Percent of youth in the community who indicate two or more of the following:

- Being involved "in a project to help make life better for other people" three or more times in the past 12 months.
- Spending time "helping people who are poor, hungry, sick, or unable to care for themselves" three or more times in the past 12 months.
- Spending at least one hour per week on the average over a school year "doing volunteer work to help other people (such as helping out in a hospital, day care center or nursery, food shelf, youth program, community service agency, etc.)."

12. Endorsement of prosocial values—The percentage of youth whose response to the following three questions was at least "quite important":

- Helping other people.
- Helping reduce hunger and poverty in the world.
- Helping to make the world a better place to live.

(This approach assesses the potential for a youth to have a peer with strong prosocial values.)

13. Presence of responsible behavior/values—Percent of youth who indicate three or more of the following:

- Agree or strongly agree that "it is against my values to have sex while I am a teenager."
- Have never "driven a car after you had been drinking."
- Have never "ridden in a car whose driver had been drinking."
- *If sexually active,* answer "often" or "always" to: "When you have sex, how often do you and/or your partner use a birth control method such as birth control pills, a condom (rubber), foam, diaphragm, or IUD?

(This appro ch assesses the general potential for a youth in the community to have responsible peers.)

Appendix D CORRELATIONS AMONG COMMUNITY STRENGTHS

As one might expect, many of the indicators of community strength are closely related to each other. As one strength increases, so do others. Table 1 shows the correlations* among community strengths.

While family care and support are somewhat related to parental monitoring (.32), the percentage of caring and supportive families in a community is more strongly related to the percentage experiencing:

- caring and supportive schools (.51)
- families involved in schools (.54)
- motivated and committed students (.51)
- connections to other adults (.41)

Such relationships suggest that the greater the number of caring and supportive families there are in a community, the stronger the schools are, and the more adults there are who are connected with youth who are not their own. The percentage of caring families is not strongly related to the community's involvement in religious services or structured activities.

The three school indicators are related to each other as expected, to the family dimensions (as already noted), and to structured activities. Specifically, a high proportion of motivated and committed students in a community correlates positively with the proportion who attend religious services (.37) and have peers who are not engaged in negative behavior (.48). The relationship between school indicators and positive peer characteristics (for example, prosocial behaviors and values) is generally weak or even slightly negative.

In addition to the findings noted above, the community involvement indicators also show that attending religious services and being involved in structured activities are highly related (.69). Part of this may be due to the fact that some structured activities could occur in churches and synagogues.

These community involvement indicators also have interesting relationships to some peer measures. For example, as the proportion of youth who attend religious services or are involved in structured activities increases, the proportion of youth

*A correlation expresses how much one variable relates to another. The higher the number in the table, the higher the relationship (correlation) between the two variables. When two variables correlate positively, you can expect one to increase when the other increases. The higher the number in the table, the greater the relationship (correlation) between the two variables. For example, as involvement in structured activities increases in a community, you could expect to see increases in the proportion of motivated and committed students—which is evident in the table, which shows a correlation between the two of .48.

The theoretical range of correlations is between +1.0 and -1.0. In practice, however, correlations tend to be much lower. Correlations below ± .20 are low. A correlation above .30 can be considered clear evidence of some relationship between the two variables.

A negative correlation between two variables indicates that the variables move in opposite directions. (Think of it with this analogy: As you increase the levels of insulation in a house, the amount of energy decreases; the two are negatively correlated.) For example, the -.24 correlation between endorsing prosocial values and attending religious services shows that as the percentage of youth who endorse prosocial values tends to increase in a community, the percentage who attend religious services tends to decrease, and vise versa.

It is important to note that correlations merely show that the two measures are related, not why. Furthermore, a relationship between two variables does not necessarily mean that one causes the other.

endorsing prosocial values and engaging in responsible behaviors declines. This may suggest the need for religious organizations and other community youth-serving organizations to evaluate how they might be more active in promoting prosocial and prevention messages (particularly around sexual activity and drinking) within their programs.

Finally, while the various peer measures are not generally strongly related, there are some clear exceptions. To the extent that the youth in a community care about other people (i.e., endorse prosocial values), peers are more likely to act responsibly with respect to drinking and sexual behavior (.43) and to engage in more prosocial behavior (.44).

	1. Care and support	2. Monitoring and disciplining	3. Caring and supportive environment	4. Motivated and committed students	5. Involved families	6. Attendance in religious services	7. Participation in structured activities	8. Connections to other adults	9. Absence of negative behavior	10. Avoidance of hedonistic values	11. Presence of prosocial behavior	12. Endorsement of prosocial values	13. Presence of responsible behavior/value
FAMILY													
1. Care and support	1.0												
2. Monitoring and disciplining	.32	1.0											
SCHOOL													
3. Caring and supportive environment	.51	.11	1.0										
4. Motivated and committed students	.41	.16	.45	1.0									
5. Involved families	.54	.29	.43	.50	1.0								
COMMUNITY INVOLVEMENT													
6. Attendance in religious services	.01	-.08	.07	.37	-.06	1.0							
7. Participation in structured activities	.21	-.09	.37	.48	.26	.69	1.0						
8. Connections to other adults	.41	.16	.20	.14	.39	-.01	.23	1.0					
PEER													
9. Absence of negative behavior	.14	.25	.25	.48	.13	.17	.23	.18	1.0				
10. Avoidance of hedonistic values	.16	.22	.03	.11	.02	-.03	.04	.11	.15	1.0			
11. Presence of prosocial behavior	.25	.18	.13	.27	.24	.15	.17	.23	.01	.10	1.0		
12. Endorsement of prosocial values	.25	.34	.06	.11	.12	-.24	-.30	.18	.00	.18	.44	1.0	
13. Presence of responsible behavior/values	.28	.42	-.03	-.08	-.08	-.31	-.39	-.05	.35	.26	.12	.45	1.0

Appendix E 30 ASSETS FOR YOUTH DEVELOPMENT

EXTERNAL ASSETS

Asset Type	Asset Name	Asset Definition
SUPPORT	Family support	Family life provides high levels of love and support.
	Parent as social resource	Student views parent(s) as accessible resources for advice and support.
	Parent communication	Student has frequent, in-depth conversations with parent(s).
	Other adult resources	Student has access to non-parent adults for advice and support.
	Other adult communication	Student has frequent, in-depth conversations with non-parent adults.
	Parent involvement in schooling	Parent(s) are involved in helping student succeed in school.
	Positive school climate	School provides a caring, encouraging environment.
CONTROL	Parental standards	Parent(s) have standards for appropriate conduct.
	Parental discipline	Parent(s) discipline student when a rule is violated.
	Parental monitoring	Parent(s) monitor "where I am going and with whom I will be."
	Time at home	Student goes out for "fun and recreation" three or fewer nights per week.
	Positive peer influence	Student's best friends model responsible behavior.
STRUCTURED TIME USE	Music	Student spends at least one hour a week in music training or practice.
	School extracurricular activities	Student spends at least one hour a week in school sports, clubs, or organizations.
	Community organizations or activities	Student spends at least one hour a week in organizations or clubs outside school.
	Church or synagogue involvement	Student spends at least one hour a week attending religious programs or services.

INTERNAL ASSETS

Asset Type	Asset Name	Asset Definition
EDUCATIONAL COMMITMENT	Achievement motivation	Student is motivated to do well in school.
	Educational aspiration	Student aspires to pursue post-high school education (e.g., trade school, college).
	School performance	Student reports school performance is above average.
	Homework	Student reports at least six hours of homework per week.
POSITIVE VALUES	Values helping people	Student places high personal value on helping other people.
	Concerned about world hunger	Student reports interest in helping to reduce world hunger.
	Cares about other people's feelings	Student cares about other people's feelings.
	Values sexual restraint	Student values postponing sexual activity.
SOCIAL COMPETENCIES	Assertiveness skills	Student reports being able to "stand up for what I believe."
	Decision-making skills	Student reports "I am good at making decisions."
	Friendship-making skills	Student reports "I am good at making friends."
	Planning skills	Student reports "I am good at planning ahead."
	Self-esteem	Student reports high self-esteem.
	Positive view of personal future	Student is optimistic about his/her personal future.

Adapted from Benson, P.L. (1990). *The Troubled Journey: A portrait of 6th-12th grade youth* (Minneapolis, MN: Search Institute).

OTHER RESOURCES FROM SEARCH INSTITUTE

THE TROUBLED JOURNEY: A PORTRAIT OF 6TH-12TH GRADE YOUTH

Gain a broad perspective on the needs and issues facing young people in the 1990s with this report, which lays the foundation upon which *Healthy Communities, Healthy Youth* builds. Based on survey responses from more than 46,000 students in 111 communities, this groundbreaking study explores how environmental and personal dynamics prevent or promote risky choices among youth. In so doing, it suggests promising strategies for helping youth make positive choices and grow up healthy. Filled with dozens of charts, the report examines the dynamics of prevention and suggests specific strategies for communities, schools, parents, and youth-serving organizations to use to promote positive youth development.

#308 ***$10.00***

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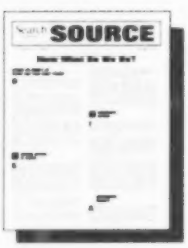
WORKING TOGETHER FOR YOUTH: A PRACTICAL GUIDE FOR INDIVIDUALS AND GROUPS

This handbook guides individuals and groups in finding ways to turn their concerns about youth into meaningful action and change. The resource—which builds on extensive experience working with organizations and systems in visionary planning and constructive change—is ideal as a process guide for task forces and planning groups in communities, schools, youth agencies, congregations, and other organizations addressing youth issues. It is a natural follow-up piece for *Healthy Communities, Healthy Youth.*

#314 ***$10.00***



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Search Institute is a non-profit research organization that promotes the well-being and positive development of children and youth by conducting scientific studies and interpreting the findings to develop useful programs, resources, and services. Among Search Institute's major studies are *The Troubled Journey: A Portrait of 6th-12th Grade Youth* and *Young Adolescents and Their Parents.*

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